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COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	HERCULES HOMES, LLC			
, 	Nan	ne of Limited Lia	bility Company	
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.	
Please ret	urn all correspondence concerning th	is matter to the fo	ollowing:	
BENNIE	LYNN GREY			
	Name of Person		_	
HERCUL	ES HOMES, LLC			
	Firm/Company			
311 HIGH	IWAY 17 SOUTH		_	
	Address			
EAST PA	LATKA, FLORIDA 32131			
	City/State and Zip Code			
b-e	ennie arey @ YAhonail address: (10 be usyd for future an	D. CC M nual report notifi	cation)	
For furth	er information concerning this matter	, please call:		
BENNIE	LYNN GREY	386 at (213-0594	
	Name of Person		Area Code & Daytime Telephone Number	
 I 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
1	Enclosed is a check for the followin	g amount:		
í	■ \$25 Filing Fee	Ø .55	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability compar	HERCULES HOME		
311 HIGHWAY 17 SOUTH, EAST PALATKA, FL 32131		(b) 311 HW 1 17 300 3 114	
(a) Principal office address of limite (Note: MUST BE STREE	d liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			WALA 127
JANUARY 30, 2019			Document number
Date of filing/registration	on in Florida	4.	Document name.
(a)			
Registered Office Address <u>(MUST</u> 311 HIGHWAY 17 SOUTH			
EAST PALATKA	, FL	32131	PILE PI
(b) Enter name of <u>NEW Registered Age</u> SABRINA A. GREY	nt and/or <u>NEW Registered</u>	Office address:	PM 1: 27 CLISSING
NEW Registered Office Address:			
110 SABRINA LANE			
PALATKA	, FI	L 32177	
If the limited liability company is not change or changes are made, the Flori agent will be identical. Or, in the case was/were authorized by an affirmative the articles of organization or the ope Signature of a member or authorized represent thereby accept the appointment as received.	organized under the la da street address of the e of a Florida limited I e vote of the members rating agreement of the mentative of amember egistered agent and as	ws of the State e registered off iability compar of the limited e limited liabil BENNIE gree to act in the e performance	e of Florida, it is hereby confirmed that after the fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. LYNN GREY Printed or typed name of signee this capacity. I further agree to comply with the of my duties, and I am familiar with and according to the control of the control o
the obligations of my position as regito merely reflect a change in the reginotified in writing of this change.	stered agent as provid stered office address,	Eu jor in Onap I hereby confir	ner 603, F.S. Or, If this abcument is been in that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00