1190000 39716

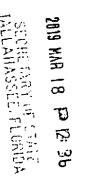
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration as 5''.
Special Instructions to Filing Officer:
•
·

Office Use Only



000325878420

บัง/18/19--01029--025 *+55.00



MAR 27 2013 TLEMIEUX

COVER LETTER

Division of Corporations	•				
SUBJECT: HyteS LLC Name of Lim	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Christine M Hinsen Name of Person					
Hytes LLC Firm/Company					
1986 Everglades Dr Address					
Navarre FL 32566 City/State and Zip Code					
N. Jates hytes. US E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please call:					
Melanie Yates an (8)	150, 221-43/20				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

. 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.

L. Nam	ne of the limited liability company:	5 L	LC_	
2. (a) _	Hytes LLC	(b)		ytes LLC
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		A .	Mading address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	1986 Everalades Dr		1986	Everalacles Dr
-	Navarre, FL 32566		Nav	arre, 7 32566
_	2/8/2019		LIO	1000039716
3.	Date of filing/registration in Florida	4.		Document number
5. (a) _	Melanic Vates			
_	Registered Agent and Registered Office shown on the records of Registered Office Address AGENT REFLORIDA STREET		Dept. of State	海 第 10 海 第 10
	1986 Everglades Dr	<u>.</u>		多 面
_	Navarie , FI	331	Julo	THE TO CO.
(b) _	Christine M Hinson	h		Service Servic
E	nter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	,
<u>-</u> N	Hytes UC IEW Registered Office Address:			
-	1986 Everglades Dr			
-	Navarre, , FL	325	566	
the chang agent wil was/were	ited liability company is not organized under the lay ge or changes are made, the Florida street address of I be identical. Or, in the case of a Florida limited li- authorized by an affirmative vote of the members of	the registe ability con of the limit	ered office ipany, it is ed liability	and the business office of the registered hereby confirmed that the change(s)
	es of organization or the operating agreement of the			e Yates
Signature	e of a member or authorized representative of a member			Printed or typed name of signee
the oblige to merely	accept the appointment as registered agent and agr s of all statutes relative to the proper and complete ations of my position as registered agent as provided reflect a change in the registered office address. It in writing of this change.	ee to act i performar I for in Ch wereby cor	n this capa ice of my d papter 605, ifirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signature of	of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00