

L19000055300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

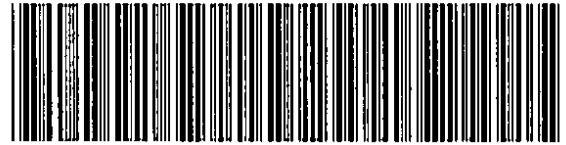
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2022 SEP 13 PM 3:43

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cc  
RO/Change

SEP 13 2021  
1 ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HMBS 365, LLC  
Name of Limited 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:

Sabrina Romero  
Name of Person

HMBS365, LLC DBA Sabrina Romero Hypnosis  
Firm/Company

6737 Houlton Circle  
Address

Lake Worth, FL 33467  
City/State and Zip Code

Sabrina @ sabrina.romero.hypnosis.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Romero at ( ~~954~~ <sup>561</sup> ) 810-0660  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee ← already provided a \$30 check  \$55 Filing Fee & Certified Copy



2021 SEP 13 PM 12:41

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2021

SABRINA ROMERO  
6737 HOULTON CIRCLE  
LAKE WORTH, FL 33467

SUBJECT: HMBS365, LLC  
Ref. Number: L19000055300

We have received your document for HMBS365, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 821A00020105

**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.*

1. Name of the limited liability company: HMBS 365, LLC

2. (a) 6737 Houlton Circle (b) PO Box 742821  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Lake Worth, FL 33467 Boynton Beach, FL 33474

3. 02/26/2019 4. L19000055300  
 Date of filing/registration in Florida Document number

5. (a) Sabrina Romero  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6400 W Boynton Beach Blvd.  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
#742821  
Boynton Beach, FL 33474

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Sabrina Romero  
 NEW Registered Office Address:  
6737 Houlton Circle  
Lake Worth, FL 33467

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sabrina Romero Signature of a member or authorized representative of a member  
Sabrina Romero Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Sabrina Romero  
 Signature of Registered Agent