

L190007242

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
HUSBRO LLC

Certificate of Status	0
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FEB 03 2022

COVER LETTER

(((H23000048

TO: Registration Section  
Division of Corporations

SUBJECT: HUSBRO 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:

LOVETTE DOBSON

Name of Person

INCFIL.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON

at ( 888 )

462-3453

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

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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

1. Name of the limited liability company: HUSBRO LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1150 NW 72ND AVE TOWER I STE 455 #322  
MIAMI, FL 33126

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE)  
1150 NW 72ND AVE TOWER I STE 455 #  
MIAMI, FL 33126

03/14/2019

L19000072426

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LEGALINC CORPORATE SERVICES INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

REPUBLIC REGISTERED AGENT LLC

NEW Registered Office Address:

1150 Nw 72nd Ave Tower I Ste 455

Miami, FL 33126

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a 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 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.

Adam Killian

Signature of a member or authorized representative of a member

Adam Killian

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 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.

Louetta Johnson

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00