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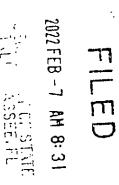
(Re	equestor's Name)				
(Ad	ldress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Narr	ne)			
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

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C. BRUMBLEY FEB 1 6 2022

COVER LETTER

TO: Registration Section Division of Corporations	
Christy Hammel LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Christy Hammel	
Name of Person	
Christy Hammel LLC	
Firm/Company	
2610 Gallagher Rd	
Address	
Dover, FL 33527	
City/State and Zip Code	
christy_hammel@yahoo.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Christy Hammel 813	3 708-4741
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)	

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. Na	ame of the limited liability company: Christy Hammel Ll		<u>-</u>					
2. (a)	2610 Gallagher Rd, Dover FL 33527	_ ((b) 2610 Gallagher Rd, Dover FL 33527					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	03/19/2019	-		6622				
3.	Date of filing/registration in Florida	4.		Document num	nber			
	UNITED STATES CORPORATION AGENTS, INC.							
ō. (a)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD	ne Floric	la Dept. of St	ate:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					2022		
	Suite 36					2022 FEB	77	
	Orlanndo FL3	2822	-			B - 7		
(b)	Christy Hammel Enter name of NEW Registered Agent and/or NEW Registered (ddress:	_	SACTOR OF THE SA	AM 8:	ED	
	2610 Gallagher Rd		·			$\frac{\omega}{2}$		
	NEW Registered Office Address:			_				
	Dover , FL ³	3527		- -				
hange gent v vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab ree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin mited	ed office a ompany, it nited liabil liability co	nd the business of is hereby confirm ity company or a ompany.	office of the	e regis se chan	tered ge(s)	
Signal	hier Minn	Chr	isty Hamme		nama of sign			
l herel provisi he obli o mere potified	the of a member of authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	e to ac erform for in ereby c	t in this cap ance of my Chapter 60 onfirm tha	Printed or typed in pacity. I further with duties, and I am 15, F.S. Or, if this the limited liability.	agree to c	omply	with the ad accept ing filed been	