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APROTION LALBRITTON

.OVER LETTER

	egistration Section ivision of Corporations		
-UBJECT	r: ∃PN Enterprises LLC		
	Nan	ne of Limited L	iability Company
Dear Sir o	r Mada::;		
The enclos	sed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please retu	irn all correspondence concerning th	is matter to the	following:
Hannah	n Newcomb		
	Name of Person	··	
HPN Er	nterprises LLC		
	Firm/Company		_
1866 Es	splanade St		
	Adåress		
Navarre	e FL 32566		
<u></u>	City/State and Zip Code		_
	ewcomb.biz@gmail.d		
	il address: (to be used for future ann	·	ication)
For further	information concerning this matter,	please call:	
Jake Nev	<u> </u>	at / 334	√650-978€
	Name of Person		Area Code & Daytime Telephone Number
Re Di	REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building	Re: Div	AILING ADDRESS: gistration Section vision of Corporations
266	61 Executive Center Circle Hahassee, Florida 32307). Box 6327 lahassee. Ftorida 32314
En	closed is a check for the following	amount:	
Ø:	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy

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 compan, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Principal office address of limit (Note: MUST BE STRE	, , ,	_ .		Mailing address (Note: MAY		•		
1866 Esplanade Street			1866 Esplanade Street					
Navarre, FL 32566			Navarre	FL 32566				
04/01/19			L19000	089781				
Date of filing/registrati	ion in Florida	- 4.		Document n	umber	<u>-</u>		
Northwest Registered Age	ent LLC							
Registered Agent and Registered Office		t the Floric	la Dent. of Sta	<u> </u>				
7901 4th St N								
Registered Office Address (MUST	BE FLORIDA STREET	ADDRES	<u>S)</u>					
STE 300					5.0	21		
St. Petersburg		_L 3370	2	-	- 1986 - 1986 - 1986	2020 HAR	<u></u>	
						R 23		
CAUDA D	A	1085			·.		Ti	
Enter name of <u>NEW Registered Agen</u>	it and/or NEW Registere	d Office a	iaress:		· - - - -	:01 HV		
Hannah Newcom	b				_: : <u>:</u> :::2): 2		
NEW Registered Office Address:	·	, _		_	-	~		
1866 Esplanade Stree	et			<u> </u>				
Navarre	F	, 3256	6					
limited liability company is not o ange or changes are made, the Flo	rganized under the la	aws of the	e State of Fi	 lorida, it is her se and the bus	reby confi	rmed the	hat aft e regis	
will be identical. Or, in the case ere authorized by an affirmative	of a Florida limited l	liability c	ompany, it	is hereby conf	firmed tha	t the ch	iange(s	
ticles of organization or the opera	ting agreement of the	e limited	liability con	mpany.	us valer	vise pro	,,,,,dea	
annah Illurcom	/b		Har	nah Na	2WCOr	ND_		
ature of a member or authorized represen	tative of a member			Printed or type	ed name of s	ignee		
				pacity. I furth			.1	