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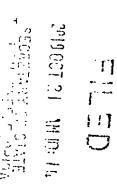
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HFS C-	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Tomes Zupsnys Name of Person	
HFS GFirm/Company	
8297 Champions Gate Address	
Daveryport FL 33890 City/State and Zip Code	6
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Tomus Zivashys Name of Person	at (321 ) 247-0785 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:
75 Filing Fee	S55 Filing Fee & Certified Conv

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

r torida.
1. Name of the limited liability company:
2. (a) 209 W Main St (b) 8297 Champions Underly
Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Leesburg FL 8889 34748 Davenport FL 33896
4/8/19 <u>L19000096766</u>
3. Date of filing/registration in Florida 4. Document number
5. (a) Holly Urban Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent and Registered White Shown will the records of the Frontial Popul Williams
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8297 Champions Gate Blud 355
Da-enport FL 33896
- 100 - 100
(b) Tomas Ziupsnys
Enter name of NEW Registered Agent and/or NEW Registered Office address:
· 기계 :
NEW Registered Office Address:
8297 Champions Gate Blud 355
Davenport .FL 33896
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.  Signature of a member or authorized representative of a member  Printed or typed name of signee
Thereby 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 chapte in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent