

L19000~~X~~107242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

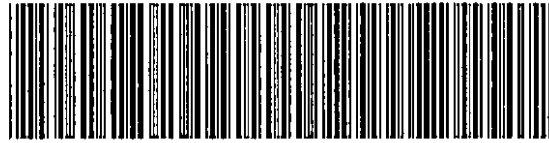
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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN 23 AM 7:06

FILED

FEB 20 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAICKEN FAMILY, L.L.C.

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:

VIVIAN HAICKEN

Name of Person

OWNER/MANAGER

Firm/Company

584 BLUFF VIEW DRIVE

Address

BELLEAIR BLUFFS FLORIDA 33770

City/State and Zip Code

VHAICKEN@GMAIL.COM

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

For further information concerning this matter, please call:

VIVIAN HAICKEN

727

452 9362

at ()

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

**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: HAICKEN FAMILY, L.L.C.
2. (a) 584 BLUFF VIEW DRIVE BELLEAIR BLUES FL 33770
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
- (b) 584 BLUFF VIEW DRIVE BELLEAIR BLUES FL 33770
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)

3. 04/19/2020 Date of filing/registration in Florida
4. 11900010722 Document number

5. (a) GASSMAN, ALAN S
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1245 COURT STREET CLEARWATER FLORIDA 33756

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

GASSMAN, ALAN S

1245 COURT STREET CLEARWATER 33756
FL

VIVIAN HAICKEN

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

584 BLUFF VIEW DRIVE

NEW Registered Office Address:

BELLEAIR BLUES 33770
FL

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.

Vivian Haicken
Signature of a member or authorized representative of a member

VIVIAN HAICKEN

Printed or typed name of signer

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.

Vivian Haicken
Signature of Registered Agent

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2020 JAN 23 AM 7:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA