

1/18/22, 2:56 PM

Division of Corporations

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

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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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**LLC REGISTERED AGENT CHANGE
HOFFER CONSULTING, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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T. LEMIEUX
JAN 19 2022
Help

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.

HOFFER CONSULTING, LLC

1. Name of the limited liability company: HOFFER CONSULTING, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
100 STERLING PARKWAY, SUITE G19
MECHANICSBURG, PA 17050

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
100 STERLING PARKWAY, SUITE G19
MECHANICSBURG, PA 17050

05/13/2019

L19000122950

3. Date of filing/registration in Florida
KLITENICK, RICHARD M, ESQ

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1009 SIMONTON STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

KEY WEST 33040
FL

C T CORPORATION SYSTEM

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

NEW Registered Office Address:
1200 SOUTH PINE ISLAND ROAD

PLANTATION 33324
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.

Signature of a member or authorized representative of a member

Norman K. A. Hoffer
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.

By: C T CORPORATION SYSTEM
Signature of Registered Agent

Stephanie Hencz
Assistant Secretary

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

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