L19000 128809

•
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(Address)
(Address)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The HILL House LLC

Name of Limited Liability Company

Dear Sir or Madam:

4 19000 128809

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L. Tell AM

Name of Person

The HILL HONK LCC

Firm/Company

300 N NOW YORK AN NO 874

Address

Winter PARK F 32789

City/State and Zip Code

1820 Skky @icloud. com

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

For further information concerning this matter, please call:

L. TAII AM

_{at} 407

288 2414

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.

	District the second sec	(b)	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u> </u>	Date of filing/registration in Florida	- 4.	Document number
. (a) _	LEZA TEIIBM		
	degistered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State:
- }	Registered Office Address	ADDRESS)	
	25 Stymio Place		20
_	Winter Park FI	3278	2021 JUL -2
41.5	L. Tellam		
(b) <u> </u>	nter name of NEW Registered Agent and/or NEW Registered	d Office address:	$\frac{1}{2}$
			243
_	6330 N Androws	me in	<u>0</u> 73 – 5 – 5
2	NEW Registered Office Address:		-
_			
	Fth Landordale	729.	
	.FI	3331	27
-			
the lim	sited liability company is not organized under the lar	ws of the State o	f Florida, it is hereby confirmed that after the
nange o gent wil	r changes are made, the Florida street address of the ll be identical. Or, in the case of a Florida limited li	registered offic	e and the business office of the registered
nange o gent wil vas/were	r changes are made, the Florida street address of the il be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of	registered offic ability company of the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
nange o gent wil ras/were	r changes are made, the Florida street address of the ll be identical. Or, in the case of a Florida limited li	registered offic ability company of the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
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