20122688

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
•							
Certified Copies Certificates of Status							
<u> </u>							
Special Instructions to Filing Officer:							

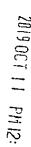


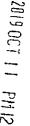


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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	Hittinger Properties, LLC					
Sobdic		ne of Limited Li	ability Company			
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	-		
Please ret	urn all correspondence concerning th	is matter to the	following:			
Garvin E	3. Bowden					
	Name of Person		_			
Gardnei	r Bist					
Firm/Company				· .	2019	
1300 Th	omaswood Drive				0CT 1	- , [
	Address					
Tallahas	ssee, Florida 32308				2019 OCT 1 1 - F1112: 02	,
	City/State and Zip Code				02	
JJH@os	sceolasupply.com					
E-m	ail address: (to be used for future and	ual report notifi	cation)			
For furthe	r information concerning this matter.	, please call:				
Garvin E	3. Bowden	850	385-0070			
	Name of Person	at (Area Code & Daytime Telep	ohone Number		
Ro D Ci 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
E	nclosed is a check for the following	; amount:				
Ø	\$25 Filing Fee	5 Filing Fee & Certified Copy	′			

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.

1. N	ame of the limited liability company: Hittinger Pr	operties	s, LLC	_	
2. (a)	915 Commerce Blvd., Midway, FL 32343		(b) P.O. Bo	ox 14432, Tallahassee, FL 32317	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	09/09/2019		L190002	26889	
3.	Date of filing/registration in Florida	— - 4.		Document number	
5. (a)	Hittinger Jeffrey J. Jr.				
5. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Star	_ te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1321 Preakness Point			_	
	Tallahassee	_{EI} 3230	8	_	
(b)	Garvin B. Bowden Enter name of NEW Registered Agent and/or NEW Registered Office address:			2019 OCT	
	NEW Registered Office Address:			PH12: 02	
	1300 Thomaswood Drive			9: 02	
	Tallahassee	_{FL} 3230	8		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the	of the reg liability of s of the li	istered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
			effrey J. Hittinger, Jr.		
	ture of a member of authorized representative of a member			Printed or typed name of signee	
provisi the(obl	by accept the appointment as registered agent and a sins of all statutes relative to the proper and comple ignions of my position as registered agent as providing the reflect a change in the registered office address, if in writing of his change.	te perfori ded for in	nance of my Chanter 60:	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed.	
Signarti	re of Registered Agent				
	Division of Corporations • P.O FILING			ssee, FL 32314	

INHS18 (2/14)