¢	<u>,                                    </u>							 
	į.	11 - <sup>13</sup>	<b>`</b>	<u> </u>		Rest (	9 . n.	<i>6.</i>
		19	00	$\mathcal{T}$	0	58	#-f*	5
	 <u></u>	-4						

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(D	ocument Number)	···
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	

200338999132

01/13/20--01815--016 \*\*35.00



FEB 2 8 2020 S. YOUNO



2020 FEP 25 PT 4: 34

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2020

RUSSELL W BUCHANAN GEORGE K HOOD LEGACY LLC 6114 33RD STREET E BRADENTON, FL 34203

SUBJECT: GEORGE K HOOD LEGACY LLC Ref. Number: L19000238493

We have received your document for GEORGE K HOOD LEGACY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00003112

TO: **Registration Section Division of Corporations** 

earge K Hoad Legacy L SUBJECT:

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Name of Person Firm/Company 6114 33'd St E City/State and Zip Code

the Gb Zone, (M) russ

For further information concerning this matter, please call:

<u>AGAGA</u> at (<u>404</u>) <u>558-8777</u> Area Code & Daytime Telephone Number <u>Benjamin</u> Name of Person

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

## STATEMENT OF CHANGE OF REGISTERED OF FICE 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.

Hord Name of the limited liability company: () · 1. 2. (a) 6114 (b) Ø // ipal office address of limited liability company: Mailing address of limited liability company: MUST BE STREET ADDRESS) (Note: rad L19000' 9-20-19 3. Date of filing/registration in Florida 4 KUSSPI aron 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) AM (b)W Registered Agent and/or NEW Registered Office address: Enter name of С П NEW Registered Office Address: adenter 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. -Russell\_W Suchavau Printed or typed name of signed anature of a member or authorized representative of a member

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 performance of my function of the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect performance of my function of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00