## 219000 234398

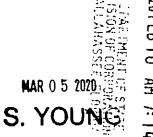
(Request	or's Name)	
	<u> </u>	
(Address)	)	
(Address)		
(City/Stat	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer.	

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7070 FFR IO AM 7-1

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT:	Hemp CBD Products LLC		
	Na	ame of Limited Li	ability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to the f	following:
Theresa Krit	ng		
	Name of Person		_
Hemp CBD	Products LLC		
	Firm/Company		
5070 Juneda	de Dr		
<del></del>	Address		<del></del>
Cocoa Florio	ia 32926		
	City/State and Zip Code		
hempebdpro	ducts@hotmail.com		
E-mai	l address: (to be used for future a	nnual report notifi	cation)
For further	information concerning this matte	er, please call:	
Theresa Krii	ng	954 <b>at (</b>	3937921
	Name of Person		Area Code & Daytime Telephone Number
<u>Ma</u>	ailing Address:		Street Address:
Re	gistration Section		Registration Section
	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	llahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	ig amount:	
	\$25 Filing Fee	<b>□ \$</b> 5	55 Filing Fee & Certified Copy

TO:

## 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.

Na	me of the limited liability company: Hemp CBD Produ	ets elec		
(a)	5070 Junedale Dr Cocoa FL 32926	(b) 50°	(b) 5070 Junedale Dr Cocoa FL 32926	
(2,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	September 23 2019		00239398	
	Date of filing/registration in Florida	4.	Document number	
(a)	Theresa K Kring			
	Registered Agent and Registered Office shown on the records of t 5070 Junedale Dr Cocoa FL 32926	he Florida Dept	t. of State:	
		DADECC)		
	Registered Office Address (MUST BE FLORIDA STREET A 5070 Junedale Dr	IDDKE33)	220 FEB TO	
	Cocoa .FL	32926		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Theresa K Kring	Office address		
	NEW Registered Office Address:			
	2301 Highway 524 # 143			
	Cocoa FL	32926		
inge ent v s/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited of a member or authorized representative of a member.	registered of bility compa f the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	

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