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COVER LETTER

TO:

INHS18 (2/14)

	istration Section ision of Corporations						
SUBJECT:	HYLTON GLOBAL A	RT, LLC					
		Name of Limited Liability Company					
Dear Sir or l	Madam:						
The enclosed	d Registered Agent/Re	 gistered Office Change and fi 	ee(s) are submitted for filing.				
Please return	n all correspondence co	ncerning this matter to the fo	ollowing:				
Amanda Fisc	her Hylton						
	Name of F	erson	_				
HYLTON G	LOBAL ART, LLC						
	Firm/Com	pany	_				
8900 NE 8TE	H AVE. UNIT 1101						
	Address		_				
MIAMI, FL	33138						
	City/State and	Zip Code	 -				
fischerhylton	@yahoo.com						
E-mail	address: (to be used for	or future annual report notific	ation)				
For further i	nformation concerning	this matter, please call:					
Amanda Fisc	her Hylton	954 at (854-3641				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: distration Section ision of Corporation . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for tl	ne following amount:					
■ \$25 Filing Fee		□ \$55	5 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.

1. N	ame of the limited liability c	ompany: HYLTON GLOB.	AL ART,	LLC		
2. (a)			(b)			
(a)	Principal office address of	Flimited liability company: STREET ADDRESS)	_ (0)	N	Mailing address of limited (Note: MAY BE POST	liability company:
	8900 NE 8TH AVE, UNIT	101, MIAMI, FL 33138		8900 NE 8	TH AVE. UNIT 1101, !	MIAMI, FL 33138
	09/24/2019					
3.	Date of filing/regis	tration in Florida	4.	1	Document number	
5. (a))					
ν. (α)	Registered Agent and Registered UNITED STATES CORPOR	[the Florida	Dept. of State	::	
	Registered Office Address (A	UST BE FLORIDA STREET	(DDRESS)		•	
	5575 S. SEMORAN BLVD.	# 36				b) -
	ORLANDO	FL	32822			មា គឺដើម្បី 22 0CT 11
						<u> </u>
(b)	Enter name of NEW Registered	Agent and/or NEW Registered	Office add	ress:	-	
	The halle of the regiments	<u> </u>	2100-70-2	<u> </u>		
	AMANDA FISCHER HYL	ОИ				2: - 1:
	NEW Registered Office Addres	:			•	* ***
	8900 NE 8TH AVE, UNIT I	101				
	MIAMI	, FL	33138			
change agent was/w the art	limited liability company is a conchanges are made, the F will be identical. Or, in the core authorized by an affirmaticles of organization or the concentration of the concentra	orida street address of the ase of a Florida limited lia live vote of the members of the perating agreement of the	registered bility cor f the limi limited lis	I office and npany, it is ted liability	I the business office of hereby confirmed that company or as other pany. Her Hylton	of the registered at the change(s) wise provided in
	ature of a member or authorized re				Printed or typed name of	_
provis the ob to mer notifie	eby accept the appointment a ions of all statutes relative to ligations of my position as re- rely reflect a change in the re- ed in wri ting of this change. ure of Registered Agent	the proper and complete provided	performa. I for in Ci	nce of my d hapter 605,	luties, and Lam famili F.S. Or, if this docu	iar with and accept ment is being filed
_	Division	of Corporations P.O. I	3ox 6327	Tallahas:	see, FL 32314	

FILING FEE: \$25.00

INHS18 (2/14)