

L20000008686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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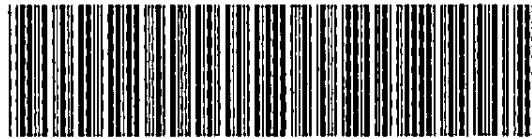
(Business Entity Name)

(Document Number)

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COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: The Hyer Solution, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Ellie Kotapish

Name of Person

ZenBusiness PBC

Firm/Company

5900 Balcones Drive, Suite 5000

Address

Austin, TX 78731

City/State and Zip Code

ellie@zenbusiness.com

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

For further information concerning this matter, please call:

Ellie Kotapish

Name of Person

at (512) 237-7349

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**

*ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
mits the following statement in order to change its registered office or registered agent, or both, in the State of
lorida.*

Name of the limited liability company: The Hyer Solution, LLC

(a) 4461 BARBADOS LOOP

Principal office address of limited liability company:

*(Note: **MUST BE STREET ADDRESS**)*

CLERMONT, FL 34711--529

(b) 4461 BARBADOS LOOP

Mailing address of limited liability company:

*(Note: **MAY BE POST OFFICE BOX**)*

CLERMONT, FL 34711--529

01/02/2020

Date of filing/registration in Florida

4.

L20000008686

Document number

(a) SWEENEY, MICHELLE N

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4461 BARBADOS LOOP

CLERMONT, FL 34711

(b) Registered Agents Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7901 4th St N, Suite 300

St. Petersburg, FL 33702

*the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
ne change or changes are made, the Florida street address of the registered office and the business office of the registered
gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
ne articles of organization or the operating agreement of the limited liability company.*

/s/ Michelle Sweeney

Michelle Sweeney, Member

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
ie obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
ified in writing of this change.*


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00