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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone Fax Number

: (608)827-5300 : (608)827-5501

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\* w 8

Email Address: HodgkinsConsultingLLC@gmail.com

## LLC REGISTERED AGENT CHANGE HODGKINS CONSULTING LLC

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## 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.	Na	me of the limited liability company: Hodgkins Com	nsalting 1.1	.C
	(a)	50 Lancelot Drive	(b)	50 Lancelot Drive
	(41)	Principal office address of limited liability conquity: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
		Palm Coast, Florida 32137		Palm Coast, Florida 32137
		1/3/2020		1.20000010721
3.		Date of filing registration in Florida	4.	Document number
5.	(a) (b)	Registered Agent and Registered Office shown on the records of BUSINESS FILINGS INCORPORATED  Registered Office Address (MUST BE FLORIDA STREET)  1200 SOUTH PINE ISLAND ROAD  PLANTATION , F  Donna Hodgkins  Enter name of NEW Registered Agent and/or NEW Registered  50 Lancelot Drive  NEW Registered Office Address:	1. 33324	7020 AUS -S P
		Palm Coast, F	32137	
th ag	e cha gent v as we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regis liability co of the lim se limited l	State of Florida, it is hereby confirmed that after stered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.
		ture of a member or authorized representative of a member		Printed or typed name of signee
Pi The The The	rovisi ie obi i nicr otilie	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change.	te perjoim lød for in (	Thanter 605 F.S. Or, if this document is being filed
Ŝ	ignati	ue of Registered Agent		
		Division of Corporations • P.O.	. Box 632	7● Tallahassee, FL 32314

FILING FEE: \$25.00