## L200000 13131

(Requestor's Name)				
(Ac	(Address)			
(Address)				
(Cit	ty/State/Zip/Phone #	<del>f)</del>		
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PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Name	·)		
(Dc	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hearsey Enterprises LLC		
Na	ime of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to th	e following:
Garth Williams		
Name of Person		<del></del>
Hearsey Enterprises LLC		
Firm/Company		_ <del>_</del> _
3330 Fairchild Gardens Ave, Suite 32863		
Address		<del></del>
Palm Beach Gardens, FL 33420		
City/State and Zip Code	:	<del></del>
Garth.h.williams@gmail.com		
E-mail address: (to be used for future a	nnual report no	tification)
For further information concerning this matter	er, please call:	
Garth Williams	917 at (	226-6419
Name of Person	(	Area Code & Daytime Telephone Number
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	ng amount:	
■ \$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. <b>N</b> a	ame of the limited liability company:	ses LL(	: 		
2. (a)	3330 Fairchild Gardens Ave		3330 Fairchild Gardens Ave		
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>		Vailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Suite 32863		Suite 3286:	3	
	Palm Beach Gardens, FL 33420	<u> </u>	Palm Beach	n Gardens, FI. 33420	
	1/6/2020		1.200000131	31	
3. 5. (a)	Date of filing/registration in Florida Shaina L Jones	4.	-	Document number	
(u)	Registered Agent and Registered Office shown on the records of 1400 VILLAGE SQUARE BLVD	the Flor	ida Dept. of State	· :	
	Registered Office Address (MUST BE FLORIDA STREET Suite 3-185	ADDRE	35)	•	
	Tallahassee , FI	32312		<b>,</b> 26.50	
(b)	Kirschbaum Law Office, LLC				
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	! •	
	2240 Palm Beach Lakes Blvd			94:2113	
	NEW Registered Office Address:			25	
	#250	,		<b>.</b>	
	West Palm Beach , FI	33409			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe ability of the li limited	ered office and company, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signat	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
l herel provision the obli to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I have a first change.	nortor	ct in this capa	city. I further agree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent