## 12000050193

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Comment Link)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

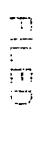
Office Use Only



100415886321

09/18/23--01026--022 \*\*25.00







## COVER LETTER

TO: Registration Section Division of Corporations							
Cathy Hart Law, PLLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Regis	stered Office Change a	nd fee(s) are submitted for filing.					
Please return all correspondence cond	eerning this matter to the	he following:					
Cathy Hart							
Name of Per	son						
Cathy Hart Law, PLLC							
Firm/Compa	ny						
1211 Tech Blvd., Suite 110-3							
Address							
Tampa, FI. 33619							
City/State and Z	ip Code	<del></del>					
chart@cathyhartlaw.com							
E-mail address: (to be used for	future annual report no	otification)					
For further information concerning th	nis matter, please call:						
Cathy Hart	813 at (	400-1440					
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 amount:						
■ \$25 Filing Fee		\$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. Na	me of the limited liability company: Cathy Hart Law, P	LLC		
	Cathy Hart		(b) Cathy Hart	ı
2. (4)	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )	<del>_</del>		Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
	1211 Tech Blvd., Suite 110-3		1211 Tech	Blvd., Suite 110-3
	Tampa, FL 33619	_	Tampa, Fl.	33619
			1 3	
7	15		1.200000501 	
3. 5. (a)	Date of filing/registration in Florida  Cathy Hart	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the	he Flo	rida Dept, of State	:: :
	Cathy Hart			
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	ESS)	-
				202
	Riverview, FL	33579	)	<b> </b>
(b)	Cathy Hart			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address;			,
	Cathy Hart			
	NEW Registered Office Address:		_	. 3
	1211 Tech Blvd., Suite 110-3		_	-
	Tampa F1	3361 <sup>0</sup>	)	
change agent www. was/wo the arti Signat I herel provisi the oblito merce	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agreement of all statutes relative to the proper and complete pigations of my position as registered agent as provided ally reflect a change in the registered office address. In I'm writing of this change.	regist bility fithe imite	ered office and company, it is limited liability diability come at the Hart liability cape are to the this cape company of my	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee active. I further agree to comply with the buties, and I am familiar with and accent