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	(Requestor's Name)				
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	(City/State/Zip/Phone #)				
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PICK-UP	WAIT	MAIL			
	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of Status	i			
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Special Instructions to	o Filing Officer				
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DATE: 1/07/22

NAME: HUURR HOMES, LLC

TYPE OF FILING: CHANGE OF REGISTRED AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJI	HUURR HOMES, LLC			
	1	Name of Limited L	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the	following:	
	Name of Person			
	Name of reison			
First C	orporate Solutions, Inc.			
	Firm/Company			
914 S S	Street			
~ 	Address	, , , , , , , , , , , , , , , , , , , ,		
Sacran	ento, CA 95811			
	City/State and Zip Cod	e		
raservi	ces@ficoso.com			
E	-mail address: (to be used for future a	annual report notif	ication)	
For fur	ther information concerning this mate	ter, please call:		
RA Sei	vices	844 at (392-7588	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address:		Street Address:	
	Registration Section		Registration Section	
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
	rananasee, i E 52574		Tallahassee, FL 32303	
	Enclosed is a check for the following	ing amount:		
	■ \$25 Filing Fee	S55 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.

I. N	ame of the limited liability company: HUURR HOME	S. LLC			
2. (a)	2715 E. OAKLAND PARK BLVD.	(b	(b) 2715 E. OAKLAND PARK BLVD.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 100		SUITE 10	0	
	FORT LAUDERDALE, FL 33306		FORT LA	UDERDALE, FL 33306	
	5/14/2020		L2000013	31025	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	BOWER, TANYA L				
ν. (u)	Registered Agent and Registered Office shown on the records of 110 SE 6TH STREET	the Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 15TH FLOOR			_	
	FORT LAUDERDALE, FI	L_33301		- 	
(b)	First Corporate Solutions, Inc.			The second of th	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	155 Office Plaza Drive			H & P	
	NEW Registered Office Address:			THE P	
	Tallahassee, Fl	32301			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members icles of organization or the operating agreement of the Mile.	e registered ability corror of the limited li	d office and upany, it is ited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in inpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to merc notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act performa d for in C hereby co.	in this cape nce of my c hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agen				