h20000254871

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

Office Use Only





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COVER LETTER

| Division of Corporations | • • • • • • • • • • • • • • • • • • • |
|--|--|
| SUBJECT: Hall Family Property Name of Limit | Investments LLC ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | e and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter t | o the following: |
| Trevor Hull Name of Person | |
| Hall Family Property Investments Firm/Company | LLC |
| 2063 Carolina Ave. NE. Address | |
| St. Pete FL, 33703 City/State and Zip Code | 22 A |
| hall 7172 agmail.com E-mail address: (to be used for future annual report | notification) |
| For further information concerning this matter, please ca | 11: 9: 2 |
| Trevor Hall at (| . ~ . |
| 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. N | ame of the limited liability company: | ily Property Investments LLC |
|-----------------------------|--|---|
| | 2063 Garolina Ave NE. | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX) |
| | St. Pete FLorida 33703 | St. Pete Florida 33703 |
| | | |
| | 8-18-2020 | L2000025487/ |
| 3. | Date of filing/registration in Florida 4 | |
| 5 (a) | Legal Inc Cornorate Services | Inc |
| . (4) | Registered Agent and Registered Office shown on the records of the F | Florida Dept. of State: |
| | 5237 Summerlin Commons, Su | vite 400 |
| | Registered Office Address | |
| | Fort Myers | ~ |
| | 1 | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | , FL | 33407 B S |
| /L\ | Trevor Hall | 5 660 |
| (D) | Enter name of NEW Registered Agent and/or NEW Registered Offi | ice address: |
| | | 9: 2: |
| | 2063 Carolina Ave NE, | 27 27 |
| | NEW Registered Office Address: | 1 |
| | St. Pete FL. 33703 | · |
| | Ci | |
| | , FL | |
| chang agent was/w | limited liability company is not organized under the laws of the or changes are made, the Florida street address of the regi- will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the limi | istered office and the business office of the registered ity company, it is hereby confirmed that the change(s) is limited liability company or as otherwise provided in |
| | -Ann | Printed or typed name of signee |
| | ature of a member or authorized representative of a member | |
| provis the ob- to met | eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perf oligations of my position as registered agent as provided for rely reflect a change in the registered office address. I heret ed in writing of this change. | o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been |
| Signal | nire of Registered Agent | |