K21000081027

(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: J. HORNE APR 1 4 2022		
41		

Office Use Only



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2022 APR -7 PH I2: 57

SECRETARY OF STATE



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SECRETARY OF STATE TALLAHASSEE, FL

March 25, 2022

LES GOLDBERG 5433 OSPREY ISLE LANE ORLANDO, FL 32819 US

SUBJECT: HUNTERG LLC Ref. Number: L21000081027

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 322A00007063

COVER LETTER

- J., , ,

Division of Corporations	
SUBJECT: HUNTER LUC Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Les Golberg Name of Person	
Firm/Company	
5433 OSprey Iske Lane	
City/State and Zip Code	
E-mail address: (to be used for future annual report)	notification)
For further information concerning this matter, please call	! :
Les Goldberg at (4) Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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. Name of the limited liability company: HUNTERG LCC	
, , , ,	address of limited liability company: MAY BE POST OFFICE BOX)
5433 Osprey Isk Lone 5433 Crodo E 32813 Crodo	OSpray Ish Len
3. Date of filing/registration in Florida 4. Docum	1081027 nent number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 14TH St. U. Suite 300	
St. Petersburg FL 33700	2022 APR SECRET TALLAHA
Enter name of NEW Registered Agent and/or NEW Registered Office address:	ILED -7 PHI2: ARY OF STA SSEEL FI DIA
NEW Registered Office Address:	PE 57
OC10-00 .FL 32819	
If the limited liability company is not organized under the laws of the State of Florida, it change or changes are made, the Florida street address of the registered office and the buagent will be identical. Or, in the case of a Florida limited liability company, it is hereby was/were authorized by an affirmative vote of the members of the limited liability compathe articles of organization or the operating agreement of the limited liability company.	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in
Signature of a member or authorized representative of a member Printed	or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I provisions of all statuted relative to the proper and complete performance of my duties, is the obligations of my position as registered agent as provided for in Chapter 605, F.S. Conto merely reflect a change in the registered office address, I hereby confirm that the limit notified in writing of this change.	further agree to comply with the and I am Jamiliar with and accept Or, if this document is being filed
Signature of Registered Agent Division of Corporations P.O. Ray 6327 Tallahussaa El	22214

FILING FEE: \$25.00