

L21 000 134 376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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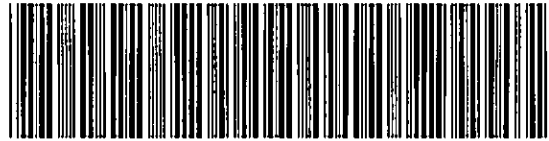
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALDOFF LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT WIENCKOWSKI
Name of Person

HALDOFF LLC
Firm/Company

117455 CR. 551
Address

WILSON MI 49896
City/State and Zip Code

SCOTT WIERX@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT WIENCKOWSKI at (906) 420 2400
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

**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: HALDOFF LLC

2. (a) 841 BUCKSAW PL. LONGWOOD FL (b) N 17455 COUNTY RD 551
Principal office address of limited liability company: 32750 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

WILSON MI 49896

3. MARCH 22 2021 Date of filing/registration in Florida 4. 621000134376 Document number

5. (a) Dorothy Wlencowski
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

841 BUCKSAW PL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LONGWOOD
FL 32750

(b) BETH WAMPLER (5205 EAGLE DR FORT PIERCE FL 32714)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Beth Wampler
Signature of a member or authorized representative of a member

SCOTT WLENCKOWSKI
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Beth Wampler
Signature of Registered Agent