

L21 000157810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

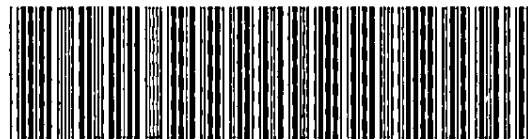
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CLERK OF
THE DISTRICT
CLERK'S OFFICE

C. BRUMBLEY
NOV 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hevens 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:

Ricardo Karns
Name of Person

Karns Taxes and Investments
Firm/Company

7061 W Commercial Blvd 355
Address

Tamara Florida 33319
City/State and Zip Code

4/21/22 PM 3:01

Ricardokarns@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[Signature] at (954) 599 1857
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: Heckens LLC

2. (a) 1348 Silverado dr (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

North Lauderdale Florida
33068

3. 09/10/21 4. L21000157810
Date of filing/registration in Florida Document number

5. (a) MS Taxes and More Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2759 W Atlantic Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach, FL 33069
_____, FL _____

(b) Karns Taxes and Investments Inc
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7061 W Commercial Blvd suite 53
NEW Registered Office Address:

Tamarac Florida 33319
_____, 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.

[Signature]
Signature of a member or authorized representative of a member

Heckens Pierce
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.

[Signature]
Signature of Registered Agent