

L21 000224 187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

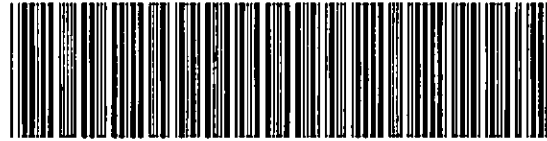
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TO: Registration Section
Division of Corporations

2022 SEP -9 AM 7:52

SUBJECT: Hellabroke LLC

SECRET

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:

Jason Alarcon

Name of Person

Hellabroke LLC

Firm/Company

1040 E Olive Rd Apt 420

Address

Pensacola Florida 32514

City/State and Zip Code

ecchijason@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Alarcon

850

266-8464

Name of Person

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2022

JASON ALARCON
HELLABROKE LLC
1040 E OLIVE RD., APT 420
PENSACOLA, FL 32514

SUBJECT: HELLABROKE LLC
Ref. Number: L21000224187

SEP 01 2022

1: _____

We have received your document for HELLABROKE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 222A00018902

**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: Hellabroke LLC
2. (a) 1040 E Olive Rd
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
420
Pensacola FL 32514
- (b) 1040 E Olive Rd
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
420
Pensacola FL 32514
3. 05/13/2021 Date of filing/registration in Florida
4. 121000224187 Document number
5. (a) REGISTERED AGENTS INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4TH ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
NSTE 300ST
PETERSBURG, FL 33702
- (b) Jason Alarcon
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1040 E Olive Rd
NEW Registered Office Address:
Apt 420
Pensacola, FL 32514

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

Jason Alarcon

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00