## L21000237474

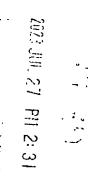
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



s. CH8000412622318

07/27/23--01015--019 \*\*25.00





## **COVER LETTER**

	istration Section ision of Corporations		•
SUBJECT:	HAMILTON & CARTER, A VET	ERAN OWNED FA	MILY COMPANY LLC
Sobsect.		ime of Limited Lia	bility Company
Dear Sir or l	Madam:		
The enclose	d Registered Agent/Registered Of	ffice Change and f	ce(s) are submitted for filing.
Please return	n all correspondence concerning t	his matter to the fo	ollowing:
Daniel Comp	aretto		
	Name of Person	<del></del>	_
HAMILTON	& CARTER, A VETERAN OWNE	D FAMILY COMPA	۸
	Firm/Company		_
7040 E 15th S	St. Suite 3		
_	Address		<del>-</del>
Sarasota, FL	34243		
	City/State and Zip Code		<del>-</del>
Daniel@ham	iltonandcarter.com		
E-mail	address: (to be used for future an	inual report notific	ation)
For further i	nformation concerning this matter	r, please call:	
Daniel Comp	arcito	540 at (	4319317
	Name of Person		Area Code & Daytime Telephone Number
Reg Div	iling Address: istration Section ision of Corporations		Street Address: Registration Section Division of Corporations
	. Box 6327 ahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the following	g amount:	
<b>■</b> \$:	25 Filing Fee	<b>□</b> \$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.

(a)	7040 E 15th St. Suite 3 (b) 7040 E 15			5th St. Suite 3				
(4) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	\-/ <u>-</u>	, 2	Mailing addres (Note: MA)		-	
	Sarasota, FL 34243		Sa	arasota.	FL 34243			
	05/21/2021		1.2	1000237	7474			
•	Date of filing/registration in Florida	_ 4.			Document	number		<u> </u>
(a)	Daniel Comparetto							
	Registered Agent and Registered Office shown on the records o	the Flo	orida De	ept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET) 18307 White Fang Ct	ADDR	ESS)			10	2023.	
	Parrish , F	3421 L	9		<del>-</del>		2023 يايال 27	 
(b)	Daniel Comparetto						PH	:
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Offic	e addre	<u>:ss</u> :	<del>-</del>	. :	12:3	ت .
	7040 E 15th St. Suite 3			_			~	
	NEW Registered Office Address:							
	Sarasota , F	L. 3424	3		<del></del>			
nange gent v as/we ie arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regi: iabilit of the	stered   y comp   limite	office a pany, it ed liabil	and the busine t is hereby cou lity company	ess office ( nfirmed th	of the reat the o	egistered change(s)
	Daniel Comparetto		Daniel	Compar				
Signa	ture of a member or authorized representative of a member	•			Printed or ty	ped name o	f signee	
rovisi ie obl i mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	gree to e perf ed for herei	act in ormand in Cha by conj	this ca ce of m apter 60 firm tha	apacity. I furt by duties, and 05, F.S. Or, i at the limited	her agree I am fami if this doci liability co	to com liar wit ument i ompany	ply with the hand acc is being file has been

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