

L21000 292437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

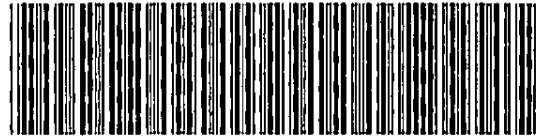
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

Strategic Group HHN LLC

SUBJECT:

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:

John Christopher Krause

Name of Person

Strategic Group HHN LLC

Firm/Company

848 Brickell Ave, Suite 700

Address

Miami, FL 33131

City/State and Zip Code

chris.krause@strategiegroupl.com

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

For further information concerning this matter, please call:

John Christopher Krause

305

582-7235

at ()

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 32305

Enclosed is a check for the following amount:

~~\$35 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.

Strategic Group HHN LLC

1. Name of the limited liability company: _____	
848 Brickell Ave Suite 700 Miami, FL 33131	
2. (a) _____	(b) _____
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
_____	_____
_____	_____
6/17/2021	1.21000282437
3. _____	4. _____
Date of filing/registration in Florida	Document number
Harris, Joe	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1515 South Federal Hwy	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Unit 401	
Boca Raton	33432
	, FL
Harris, Joe	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
848 Brickell Ave Suite 700	
<u>NEW Registered Office Address</u> :	

Miami	33131
	, FL

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TALLAHASSEE, 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.

John Christopher Krause

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 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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00