

L22000177370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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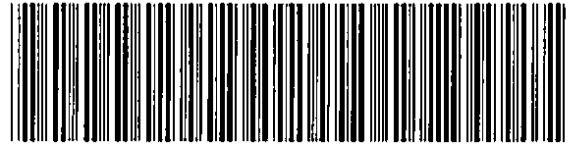
(Business Entity Name)

(Document Number)

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08/22/23--01019--014 **25.00

08/22/23

R. HUNT

08/22/23

**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: HAILEY VENTURES, LLC

2. (a) 3019 SUNSET POINTE CIR (b) 3019 SUNSET POINTE CIR

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

CAPE CORAL, FL 33914

CAPE CORAL, FL 33914

04/13/2022

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3. Date of filing/registration in Florida

4. Document number

5. (a) PARKER, TERRY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3019 SUNSET POINTE CIR

CAPE CORAL, FL 33914

(b) Anderson Registered Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

625 E. Twiggs Street, Suite 110

NEW Registered Office Address:

Tampa, FL 33602

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.

Sydney Grice

Digitally signed by Sydney Grice
DN: cn=Sydney Grice, o=Anderson Registered Agents, Inc., email=sydney@andersonregisteredagents.com, c=US
Date: 2022.04.18 07:12:11 -0400

Sydney Grice

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.

A. T. Mathis,

Digitally signed by A. T. Mathis
DN: cn=A. T. Mathis, President, o=Anderson Registered Agents, Inc., email=adam@andersonregisteredagents.com, c=US
Date: 2022.04.18 07:12:18 -0400

President

Signature of Registered Agent

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