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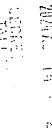
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Special Instructions to Filin	ng Officer:	

Office Use Only



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July 20, 2024

JAMES HICKOX 6160 KENT AVE KEYSTONE HEIGHTS, FL 32656

SUBJECT: HICKOX CONSTRUCTION, LLC

Ref. Number: L22000260609

We have received your document for HICKOX CONSTRUCTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 324A00015937

SHANTELL BROWN Regulatory Specialist II

AUG 1 4 2024

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HICKOX CONSTRUINAME of Limited Liab	CHICH LLC billity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	re(s) are submitted for filing.
Please return all correspondence concerning this matter to the for	Howing:
James G. Hickox Jr. Name of Person	_
Hickox Construction U	
Cel60 Kent Aue.	
Keystone Heights FL 32C	56
James G. Hickox Jr & Amail. E-mail address: (to be used for future annual report notific.)	Can ation)
For further information concerning this matter, please call: Tames GA (Koo Jr) at GOY 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

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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: Hickox Construction LLC	
2. (a) Idlockert Av. Keustone Steights, From "	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
1 22 x4x21 x4 x9	
3. Date of filing/registration in Florida 4. Document number	_
Trac Andraine RA	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 370 N. Warch Ave. 51E 2300-n. Orlando, FL 32E Registered Office Address. MUST BE FLORIDA STREET ADDRESS)	50 j
Registered Office Address SINEST BE TECKTON STREET MONESSA	
(b)	
James G. Hickox Jr.	
NEW Registered Office Address: 6 160 Kent Aue.	
Keystone Heights FL 32656	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after t 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 of a member of althorized representative of a member Signature of a member of althorized 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 accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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.	e pi d
Sygnature of Registered Agenii	

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