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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

F 13	Address:			
rmali	ANALYSS:			

## LLC REGISTERED AGENT CHANGE HOT DAPPER DOG LLC

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	COVER LETTER
TO: Registration Section Division of Corporations	. •
SUBJECT: HOT DAPPER D	OG LLC
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Person	···
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	t Pkwy, Ste 400
Address	- <del></del>
Austin, TX 78735	
City/State and Zip Code	··
E-mail address: (to be used for future annual	ual report notification)
For further information concerning this matter.	please call:
Mary Castillo	888 705-7274
Name of Person	at () Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

☐ \$25 Filing Fee

Enclosed is a check for the following amount:

15129570210

## 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: HOT Do	APPER DOC	G LLC				
<sub>2. (a)</sub> 427 S SHELL RD.	(b) 42	127 C CHELL DD				
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<i>r</i> :		of limited liability company;  BE POST OFFICE BOX)			
DELAND, FL 32720	DE	LAND, FL	32720			
8/4/2022	L22	:000344056	)			
3. Date of filing/registration in Florida	4.	Document r	number			
5. (a) HART, MACKENZIE						
5. (a) Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. o	of State:				
155 OFFICE PLAZA DR						
Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)					
TALLAHASSEE	, <sub>FL</sub> 32301	<del>_</del>	ZOZZ AUG SECRETA			
(b) Registered Agent Solutions, Inc	c.		RELAKATION F			
Enter name of NEW Registered Agent and/or NEW Regis	tered Office address:		FILE 19			
155 Office Plaza Dr.			## 8: .Flos			
NEW Registered Office Address:						
Suite A						
Tallahassee	, FL 32301					
If the limited liability company is not organized under the change or changes are made, the Florida street addreagent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	ess of the registered ed liability compan- pers of the limited li	office and the bus by, it is hereby con lability company o	siness office of the registered ifirmed that the change(s)			
/s/ Bambi Shine	Bambi S		AMBR			
Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and	. <del>.</del>		sed 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.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent