Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000388296 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

ভূটEmail Address:_

LLC REGISTERED AGENT CHANGE HI-DEF P.W.S & ENT. LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

11/8/2023 11:31:59 PST * To. 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/09/22	L2200	00481524
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Daniel DE LLORID & CORET	#NAUDECC:	
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>) 476 RIVERSIDE AVE	ADDKE.3.3)	

	JACKSONVILLE	32202	202
(b)	Registered Agents Inc		023 NOV -
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		# 8
	NEW Registered Office Address:		
	STE 300		50
	St. Petersburg , FL	33702	
the cha agent v was/w	imited liability company is not organized under the laringe or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered lability compar of the limited l e limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	ture of a member of authorized representative of a member	Robin Jone	Printed or typed name of signee
I here provis the ob- to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance ed for in Chapt hereby confirm	is capacity. I further agree to comply with the