From: Sylvia Paull

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230000140583)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

Fak Number : (323)389-0502

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

Email Address:

LLC REGISTERED AGENT CHANGE HUMMINGBIRD NOTARY SERVICES LLC

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Certified Copy	1
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JAN 12 2023

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporation	

HUMMINGBIR SUBJECT:	D NOTARY SERVICES	SLLC
	Name of Limited	d Liability Company
Dear Sir or Madam;		
The enclosed Registered Agent	/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondent	e concerning this matter to t	he following:
Cheyenne Moseley		
Name	of Person	
Legalzoom.com, Inc.		
Firm/C	ompany	
101 N. Brand Blvd., 11th I	Floor	
Addr	ess	
Glendale, CA 91203		
City/State	and Zip Code	
windchime12000@yahoo.	com	
E-mail address: (to be use	d for future annual report no	uilication)
For further information concern	ing this matter, please call:	
Cheyenne Moseley	800	773-0888 ext 9724
Name of Persor	· — · — · — ·	Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	s I Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassec, Florida 32314
Enclosed is a check for	r the following amount:	
□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INFIS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of vections 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.

. N	ame of the limited liabi	lity company: HUMMINGBI	IRD N	OTA	ARY SE	RVICES LLC	
. (a)	Principal office add	ress of limited liability company:		(þ) _	•	Mailing address of limited	Hiability company:
		<i>TBESTREET (DDRESS</i>) NAPT A BLDG 22		1	1277 B/	(<u>Nege: MAY BE POST</u> TH AVE N APT A	
							
	SAINT PETERSE	URG, FL 33702		-	SAINT F	PETERSBURG, F	L 33702
	12/01/2022			L2	2200050	06130	
	Date of filing	registration in Florida	4.			Document number	
(a)							
. ,	Registered Agent and Regi	serred Office shown on the records of	the Flori	da De	pt. of State	• •;	
	HARSST, THOMA	S, JR.				_	29
	Registered Office Address		1DDRES	<u>SS</u> }			2022
	1120 57TH AVE I	4					JAN U
	SAINT PETERSB	URG	33703	3		•	三量類
		, rL	'				
(b)							AMII: 2
(5)	Enter name of NEW Regis	ered Agent and/or NEW Registered	Office a	ddres	<u>\$5</u> :		7. 2
							2
	Thomas Harfst, Jr						
	NEW Registered Office Ad	liress'					
	1120 57th Ave. N						
	Saint Petersburg	. F1.	33703	3			
, .	1. 54 1311				2.0		
cha	ศย์e or cha nges a re htad	is not organized under the law e, the Florida street address of	the regi	ister	ed office	and the business offi	ice of the registers
nr w iwe	rill be identical. Or, in	he case of a Florida limited lie brutive fote of the members o	bility c	omp	oany, it is	hereby confirmed th	at the change(s)
arti	es of organization of	he operating agreement of the	limited	liab	d natitity ility com	pany,	wise provided in
/	Jedan J	Heade	We	end	y Mead	е	
gnati	ute of a mornier or authorize	brepresentative of a member				Printed or typed name of	signee
14.11	188 OLSHA-90700188 17700	nt as registered agent and agrive to the proper and camplete as registered agent as provided by registered office address, I h	ひというつか	1/331/*	'e at miv a	(ntrze mut i zon tamui	1071 William March
	my I I	Valuation 1			Harfst, .		
natur	of Registeren Agent	14/1					
	<i>O</i> . Divi	sion of Corporations P.O. B	ox 632	7• T	Fallahass	iee, FL 32314	
		FILING FI				, - 	