

L230000015723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

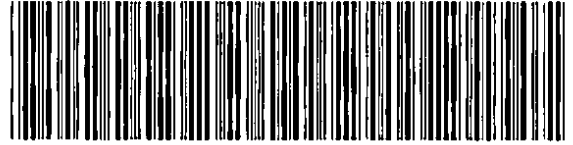
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 28 2023

Office Use Only



200413349782

09/11/23--01004--003 **20.00

FILED
23 AUG 11 PM 4:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hallowell 401(k) Assurance, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Hallowell
Name of Person

Hallowell 401(k) Assurance, LLC
Firm/Company

PO BOX 683007
Address

Franklin, TN 37068
City/State and Zip Code

thallowell@401kauditor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Hallowell at (850) 766-6791
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Hallowell 401(k) Assurance, LLC

2. (a) 7901 4th St N
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
STE 300
St. Petersburg, FL 33702

(b) PO BOX 683007
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Franklin, TN 37068

3. 01/06/2023 Date of filing/registration in Florida

4. L23000015723 Document number

5. (a) Hallowell, Todd
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4268 Four Oaks Blvd
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32311

FILED
23 AUG 11 PM 4:06
TALLAHASSEE, FLORIDA

(b) Registered Agents Inc
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

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.

Todd Hallowell
Signature of a member or authorized representative of a member

Todd Hallowell
Printed or typed name of signer

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.

David Roberts
Signature of Registered Agent

David Roberts - Assistant Secretary