63 000045768

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700401695117

02/10/23--01007--017 **25.00

200 - 100 - 100 O

COVER LETTER

| то: | Registration Section Division of Corporations | | |
|----------|---|-----------------------|--------------------------------------|
| SUBJI | | | |
| | Nam | e of Limited | Liability Company |
| Dear S | ir or Madam: | | |
| The en | closed Registered Agent/Registered Offic | ce Change an | d fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the | e following: |
| Jame | es Werner | | |
| | Name of Person | | |
| HOI | RIZZON LLC | | ~ |
| | Firm/Company | | |
| 3721 | SW Masilunas Street | | |
| | Address | | |
| Port | St. Lucie, FL 34953 | | |
| <u></u> | City/State and Zip Code | | |
| | erner.40@gmail.com | | |
| E- | -mail address: (to be used for future annu | al report noti | fication) |
| For furt | ther information concerning this matter, p | olease call: | |
| Jame | s Werner | _ _{at (} 716 | ₎ 489-7748 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | М | AILING ADDRESS: |
| | Registration Section | | egistration Section |
| | Division of Corporations | | ivision of Corporations |
| | Clifton Building | | O. Box 6327 |
| | 2661 Executive Center Circle | Ta | allahassee, Florida 32314 |
| | Tallahassee, Florida 32301 | | |
| | Enclosed is a check for the following a | mount: | |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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

| 1. Name of the limited liability company: HORIZ | ZON LLC |
|--|---|
| 2. (a) 3721 SW Masilunas Street | (b) 3721 SW Masilunas Street |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | |
| Port St. Lucie, FL 34953 | Port St. Lucie, FL 34953 |
| 01/02/04 | 10400000298 |
| 3. Date of filing/registration in Florida | 4. Document number |
| _{5. (a)} James Werner | |
| Registered Agent and Registered Office shown on the records | ds of the Florida Dept. of State: |
| 3721 SW Masilunas Street | |
| Registered Office Address (MUST BE FLORIDA STREE | EET ADDRESS) |
| Port St. Lucie | , FL 34953 |
| (b) Registered Agents Inc | <u>:</u> |
| Enter name of NEW Registered Agent and/or NEW Registe | ered Office address: |
| 7901 4th St N | |
| NEW Registered Office Address: | |
| STE 300 | |
| St. Petersburg | , _{FL} 33702 |
| the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited | e laws of the State of Florida, it is hereby confirmed that after is of the registered office and the business office of the registered aliability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company. |
| Jumes Werner | James Werner |
| Signature of a member or authorized 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 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 natified in writing of this change.

Wild Does Assistant Secretary

David Roberts - Assistant Secretary