

L23 0006 55756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

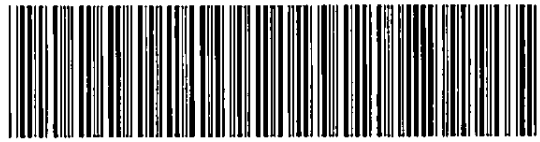
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500406102845

APR 10 2023 10:06 AM

FILED

2023 APR 10 AM 10:06

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HTB, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Alfred Abbe  
Name of Person

HTB LLC  
Firm/Company

3551 NW 97th Terrace  
Address

Coral Springs, FL 33065  
City/State and Zip Code

abbea@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred Abbe at ( 954 ) 8293634  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**FILED**  
 2023 APR 10 AM 10:06  
 TALLAHASSEE, FL

# 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: HTB LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
3551 NW 97th Terrace  
Coral Springs, FL 33065

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
3551 NW 97th Terrace  
Coral Springs, FL 33065

3. 01/30/2023 Date of filing/registration in Florida

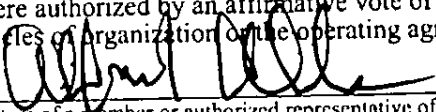
4. L23000055756 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Northwest Registered Agent LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7901 4th ST N STE 300  
St Petersburg, FL 33702

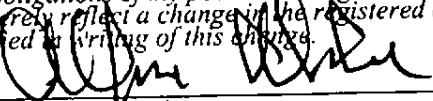
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Alfred Abbe  
NEW Registered Office Address:  
3551 NW 97th Terrace  
Coral Springs, FL 33065

FILED  
 2023 APR 10 AM 10:06  
 TALLAHASSEE, FL

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.

 Afred Abbe  
 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 notified in writing of this change.*

  
 Signature of Registered Agent