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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Business Linky Haine)	
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Special Instructions to	Filing Officer:	
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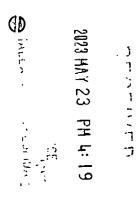
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COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Holbs Investment!	
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 correspondence concerning this matter to t	he following:
Carson Hobbs Name of Person	
HOGES INVESTMENTS LL	<u></u>
7999 Lochknoll Lane	
Tallahassee FL 32312 City/State and Zip Code	
Hobbs (also n 8 @ 9 mail. Co m E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Carson Hobbs at 85	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:	
S25 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.

	me of the limited liability company: Hobb	Invest	ments 1	LL(
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	-	limited liability company: E. POST OFFICE BOX)
	Date of filing/registration in Florida	4.	Document num	nber
(a)	Reagan Holbs			
•	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	tate:	
	7999 LOCIKNOII Lane			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	Tallahassee , F	-L 32312		
	Carson Hobbs	L <u> / W / \ \</u>		
(b)				2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:		2023 MAY
	7999 LOCALNOIL LO	ve.		Υ.
	NEW Registered Office Address:			8
				PH.
	Tallahassee	1 3 2 3 1 2		
hange igent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered office liability company, i s of the limited liabi se limited liability c	and the business of the is hereby confinition of a company or a company.	office of the registered med that the change(s) as otherwise provided in
C			LOW HO	12/2 8
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed	name of signee
l here provisi he obl o merc totified	ture of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change. The Wholes	gree to act in this c	anacity I further	auree to comply with the