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COVER LETTER

TO: Registration Section Division of Corporations		
Hurry Home Holdings LLC SUBJECT:		
	me of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the	following:
Raymond Jean		
Name of Person		
KCCH		12
Firm/Company		2024 APR 22 SECKETAS TALLAUS
10380 SW Village Center Dr		R 22
Address		—————————————————————————————————————
Tradition, FL 34987		— E. O.
City/State and Zip Code		
KNC@KCholdingscorp.com		
E-mail address: (to be used for future an	inual report notif	ication)
For further information concerning this matter	r, please call:	
Raymond Jean	561 at (295-4058
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 followin	g 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. N	ame of the limited liability company: Hurry Home Hole	gruße 147	-	
2. (a)	10380 SW Village Center Dr	(8	10380 S	SW Village Center Dr
-, (u ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	293		293	
	Tradition, FL 34987	_	Traditio	n, FL 34987
	2/5/24		L2400006	66215
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Cindi Dixon			
- (u)	Registered Agent and Registered Office shown on the records of 10380 SW Village Center Dr	the Florida	Dept. of S	itate:
	Registered Office Address	ADDRESS	<u> </u>	Z024 APR SECRET
	Tradition FI	34987 		PR 22
(b)	Raymond Jean			3年 3年 第二
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	8: 04 8: 74 8: 74
	10380 SW Village Center Dr			Li ; 4-
	NEW Registered Office Address:			
	Suite 293			
	Tradition, FL	34987		
change agent was(w	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	ed office a mpany, i lited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
		Cinc	li Dixon	
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob. to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I is discussed in writing of this change.	ree to act perform d for in (hereby co	in this co ance of m Chapter 6 onfirm the	npacity. I further agree to comply with the y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been
Signati	are of Registered Agent			