Division of Corporations

Florida Department of Star

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000250936 3)))



H2500025093634BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____DanielleM@footprintstofeelbetter.com

LLC REGISTERED AGENT CHANGE 8804 HINSDALE PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

JUL 1 7 2925

K. Brumble

Fax Audit #. H25000250936 3

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	ame of the limited liability company:8804 Hinsdale P	ropertie	s LLC			
2. (a)	8804 Hinsdale Heights Drive	(h'	8804 Hinsd	lale Heights Drive		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~,	Mai	ling address of limited li Note: MAYBE POST C		
	Połk City, Florida 33868	-	Polk City, I	Florida 33868		
	2/6/2025		L2500006493	32	,,	
3.	Date of filing/registration in Florida	4.	Do	ocument number		
5. (a)	BUSINESS FILINGS INCORPORATED					
., .,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:			
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET .IL	DRESS	•			
	DI ANTE A TECNI				, , , , , , , , , , , , , , , , , , , ,	AND FILE 2025 HH 17
	PLANTATION FL_	33324				=
(b)	Danielle Matias				<u>'</u>	- 三注
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:			
	8804 Hinsdale Heights Drive					PH မ
	NEW Registered Office Address:				• • •	-0
	Polk City FL	33868	***************************************			
the cha agent v was/wa	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the members of the members of cles of organization of the operating agreement of the liability of the second or the second	ie regist ility coi the limi	ered office an apany, it is he ted liability of	nd the business office the confirmed that the confirmed that the company or as otherways.	te of the regi t the change	istered (s)
<		Dar	nielle Matias, l	Member		
Signa	tue of a member or addition feel representative of a member		Pi	inted or typed name of s	ignee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period of my position as registered agent as provided the reflect a change by the registered office address. I had in writing of this change. Danielle Matias	e to act ertorma for in C reby co	in this capacu nce of my duti hapter 605, F. nfirm that the	v. I further agree to les, and I am Jamili S. Or, if this docum limited liability con	o comply wi ar with and a nent is being npany has b	th the accept Efiled een
Signatu	Fol Negistared Agent					