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SECRETARY OF STA

COVER LETTER

TO: Registration Section Division of Corporations	
HEYL INVESTMENTS II, LLC. SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
A.J. Swanson	
Name of Person	
Arvid J. Swanson, P.C.	
Firm/Company	
27452 482nd Ave.	
Address	
Canton, SD 57013	
City/State and Zip Code	
aj@ajswanson.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
A.J. Swanson	605 743-2070 t ()
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 amo	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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: HEYL INVESTM	MIENTS II, L	LIA.
2. (a)	1809 N. LOUISE DR., SIOUX FALLS, SD 57107	(b)	P.O. BOX 90410, SIOUX FALLS, SD 57107 Mailing address of limited liability company:
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of timited liability company: (Nate: MAY BE POST OFFICE BOX)
	FEBRUARY 18, 2002		M02000000455
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
. ()	Registered Agent and Registered Office shown on the records of JOE WHITFIELD	the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	40311 FREEFALL AVE.		
	ZEPHYRHILLS , FI	40311	
(L)			7. 28
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addr	TO THE PARTY OF TH
	MATHEW GARRETT STEELE		SECRETARY C TALLAHASSEE
	NEW Registered Office Address:		SEE FLOOR
	, FI.		
change agent v 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 lia ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	registered ability comp of the limite	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	M	ALAN	L. HEYL, MANAGING MEMBER
_	ture of a member or authorized epresentative of a member		Printed or typed name of signee
provisi the obi to mer natific	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, 1 kd in writing of this change.	ee to act in performand I for in Che iereby conf	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been