M08000004680

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
•	,	,
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
	Timing Gillioon.	





000253984130

12/03/13--01011--009 **25.00



COVER LETTER

TO: Registration 5 Division of C						
SUBJECT:	HARDY BOY	YS, LLC				
***************************************	Name of I	Limited Lia	ability Co	mpany		
Dear Sir or Madam:						
The enclosed Registe	ered Agent/Registered (Offiœ Chai	nge and fe	e(s) are submitt	ted for filing.	
Please return all corr	respondence concerning	this matter	to the fo	llowing:		
James M. Cos	stello					
	Name of Person					
Law Offices	of James M. Co	stello,	P.L.			
	Firm/Company	<u> </u>				
1136 NE Pine	e Island Road,	#52				
	Address					
	Florida 33909				The Contract of the Contract o	
C	City/State and Zip Code				异	
, ,	3.3. 0.1. 3.					
Jamesmoste. E-mail address: (to be	llo@jmclaw.com e used for future annual report:	notification)			ု ္ပုံ ျပ	
						. ;
For further informat	ion concerning this mat	ter, please	call:			
					ALC: NO	
James	M. Costello	at (2	39)	334-8333		
Name	of Person		Area Co	ode & Daytime Telep	phone Number	
STDFFT/CO	URIER ADDRESS:		MAII IN	C ADDRESS.		
Registration S			MAILING ADDRESS: Registration Section			
Division of C			Division of Corporations			
Clifton Build			P.O. Box			
	ve Center Circle		Tallahass	ee, Florida 32314	1	
Tallahassee, I	101102 52501					
Enclosed is	a check for the followi	ing amoun	t:			
\$25 Filing	⊋ Fee		\$55 Fili	ing Fee & Certi:	fied Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

i.	Nam	e of the limited liability company:	HARDY	BOYS,	LLC	······································	
2.	(a) I	Principal office address of limited liability (Note: MUST BE STREET ADDRESS	company)	<u>Unit</u>	Periwin M-1 bel, FL		
	(b) I	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX)	my:	P.O.	The Offi Box 300	849	
		10-20-08		M000	0004680		•
3.	Date	of filing/registration in Florida		4. Docum	nent number		
5.	(a)	Registered Agent and Registered Office s	hown on t	he record	s of the Flori	da Dept. of	State:
		Registered Agent:		Jame	s M.Cost	ello	
		Registered Office Address:		Suit	First S te 203 Myers,		1
	(b) 1	Enter name of <u>NEW Registered Agent</u> a	nd/or <u>NEV</u>	V Registe	ered Office a	ddress:	
		NEW Registered Agent:			 		
		<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDR	ESS)	1136 Cape	NE Pine Coral	Island ,FL	Rd #52 33909
san lia the the Sign North I coan Coan Coan Coan Coan Coan Coan Coan C	mature Associated or hereby mply and I appear to the proper to the prop	y accept the appointment as registered as with the provisions of all statutes relative in familiar with and accept the obligation of 508, F.S. Or, if this document is being for the confirm that the limited trability	ade, the Fl ll be ident change(s) as otherwise company.	orida stre ical. Or, i was/were se provide	et address of in the case of authorized be ed in the artic	the registere a Florida line by an affirmates of organ	ed office mited ative vote of sization or
Si	nature	of Registers Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00