M0900003018

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, <i>,</i> , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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10/25
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Office Use Only



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SECRETARY DE STATE

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S. PRATHER



October 4, 2018

BENJAMIN L. FREDERICK HTR DEVELOPMENT, LLC 8750 EXCHANGE DR., #1 ORLANDO, FL 32809

SUBJECT: HTR DEVELOPMENT, LLC

Ref. Number: M09000003018

We have received your document for HTR DEVELOPMENT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 818A00020701

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
	Development Jame of Foreign Limited Liability	y Company
Dear Sir or Madam:		
The enclosed application, certific	cate and fee(s) are submitted for	filing.
Please return all correspondence	concerning this matter to the fol	lowing:
Berjamin L Name of	Frederek	
HTR - Revely Or Firm/Cor	nnt LLC	
8750 Eychn Addr	use Drive # =	2
Orlando FL City/State	2) 80 9 e and Zip Code	
Bh @ htr-C E-mail address: (to be used for	levelypment_Corfuture annual report notification	n)
For further information concerning Box Frederick Name of Person	at (21)	254-520 X 0 Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Circ le	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	iling Fee & S55 Filing Certified C	-

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear State: HTR - Develop M		Department of TALL	
Enter new principal office address, if applicable:		25 Z5	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		M. 9: 47 OF STATE SEE, FL	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			
2. The Florida document number of this limited lia	ability company is:(2900000301	8
Jurisdiction of its organization:			
Jurisdiction of its organization: Date authorized to do business in Florida:	Aug St Do	09	
SECTION II (5-9 complete only the applicable	changes)		
 New name of the limited liability company: (must 	st contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	maging members adopting the a		i.
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la Street Address	
	City	Florida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

itle/ Capacity	<u>Name</u>		Address	Type of Action
16R	John P	Higgirs	11SI N Bur	Creek DAdd
			11SI N Buk	1440 9682 1440 Ditemove
				Add
				Remove
				Add
				Remove
				Add
				Remove
				Add
			days old, evidencing the the official having custody of record	20160CT 25 1

Filing Fee: \$25.00