

M120000000286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

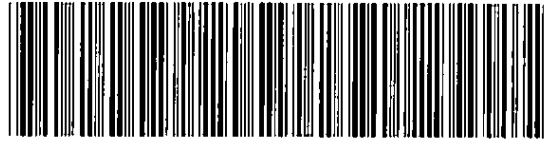
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/23--01035--010 **50.00

2023 OCT 17 PM 12:40
DIVISION OF CORPORATIONS
STATE OF CALIFORNIA

R. HUNT

10/17/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hanks Hanks and Associates, LLC.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert G. Hanks
Name of Person

Hanks Hanks and Associates, LLC.
Firm/Company

17683 Deer Isle Circle
Address

Winter Garden FL 34787
City/State and Zip Code

phmd301@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert G. Hanks at (301) 752-1510
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 amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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 appears on the records of the Florida Department of

State: Hanks Hanks and Associates, LLC.

Enter new principal office address, if applicable:

17683 Deer Isle Circle
Winter Garden, FL 34787

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as above

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:

M12000000 286

3. Jurisdiction of its organization:

Maryland

4. Date authorized to do business in Florida:

01/13/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

N/A

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Albert G. Hanks

New Registered Office Address:

17683 Deer Isle

Enter Florida Street Address

Winter Garden

Florida

34787

City

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.

If Changing Registered Agent, Signature of New Registered Agent

2020 OCT 17 PM 12:40
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

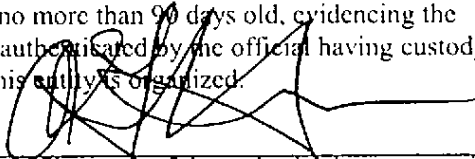
Florida

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

please see info below

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-----------------------------|--|--|
| <u>AMBR</u> | <u>Albert G. Hanks</u> | <u>17683 Deer Isle Circle</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Winter Har Gardens, Fl 34787</u> | <input type="checkbox"/> Remove |
| <u>MGRM</u> | <u>Phadra Hanks</u> | <u>10643 Ashford Circle</u> | <input type="checkbox"/> Add |
| | | <u>Waldorf, MD 20603</u> | <input checked="" type="checkbox"/> Remove |
| <u>Mem</u> | <u>Eloi Precious Carter</u> | <u>213 S. Dillard St</u> | <input type="checkbox"/> Add |
| | | <u>Ste 120-B</u> | |
| | | <u>Winter Garden, Fl. 34787</u> | <input checked="" type="checkbox"/> Remove |
| <u>MGR</u> | <u>Eloi Precious Carter</u> | <u>1781 Juniper Hammock</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Winter Garden, Fl. 34787</u> | <input type="checkbox"/> Remove |
| <u>MGR</u> | <u>Kristie L. Harris</u> | <u>2039 Meeting Place</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Orlando, Fl. 32814</u> | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Albert G. Hanks
Typed or printed name of signee

Filing Fee: \$25.00