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(((H220001820583)))



H220001820583ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)856-2500 Fax Number : (702)900-2290

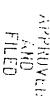
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE HAGAN BARRON INTERMEDIARIES, LLC

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		COVER LE	ITER	(((H22000182058 3)))
TO:	Registration Section Division of Corporations			
04701	Ha;	gan Barron Interme	diaries, LLC	
SUBI	ECT: N	oility Company		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered C	Office Change and fe	e(s) are submitted for fi	iling.
	return all correspondence concerning		•	Ü
Ticase	return air correspondence concerning	ting marier to the for	iowing.	
	Kim Barajas			
	Name of Person		-	
	InCorp Services, Inc.			
	Firm/Company		-	
	•	Cuito EOOS		
	3773 Howard Hughes Pkwy S	Suite 5005	-	
	Address			
	Las Vegas, NV 89169-6		_	
	City/State and Zip Code			
	documents@incorp.cor		_	
	E-mail address: (to be used for future a	nnual report notifics	ition)	
For fi	orther information concerning this matt	er, please call:		
Kim	Barajas for InCorp Services, Inc.	800-246-20	377	
	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 Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	tions nassee eet, Suite 810
	Enclosed is a check for the following	ng amount:		
	☑ \$25 Filing Fee	\(\sigma\) \$55	Filing Fee & Certified	Сору
INHS	18 (2/14)			

(((H22000182058 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 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: Hagan Bar	ron Inte	ermediaries, LL	.C	
2. (a)	000 1111 4 1	(b) PO BOX 1889			
``,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Sioux Falls, SD 57104		SIOUX FA	ALLS, SD 57101	
	12/30/2013		M140000	D0811	
3.	Date of filing/registration in Florida			Document number	
c (-)	TEMPLE DALDUM				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address	-			
	3228 PURPLE MARTIN DR UNIT 112			· 20	
	PUNTA GORDA	, FL	33950	22 +	
(b)	PUNTA GORDA ,FL 33950 InCorp Services, Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			m≅€	
	17888 67th Court North			PA 2:	
	NEW Registered Office Address:			÷ ω	
	Loxahatchee		33470		
	25/diffation 50	, FL		-	
the cha agent w was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the red liabiliters of the time	registered office ty company, it is a limited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signat	tare of a member or authorized representative of a member		Unan Hayan	Printed or typed name of signee	
provisio The obli To mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office address in writing of this change.	lete perfo vided för s, I hereb	ormance of my a in Chapter 605 by confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	
	Maymad Isabel Burgos on b	ehalf o	of InCorp Serv	/ices, Inc.	
ស ខ្លាក់វា បា	re of Registered Agent				

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