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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



11/17/17--01023--012 **25.00



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Edward C. Hawkins & Co., Ltd.

CERTIFIED PUBLIC ACCOUNTANTS 1267 WEST 9TH STREET, SUITE 400 CLEVELAND, OHIO 44113-1064

> (216) 861-1365 FAX: (216) 861-0714

> > November 16, 2017

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

,

VIA FEDERAL EXPRESS

Re: Edward C. Hawkins & Co., Ltd.

Ladies and Gentlemen:

Enclosed please find the following items which are being submitted for Edward C. Hawkins & Co., Ltd., an Ohio limited liability company who is registered to transact business in Florida as a foreign limited liability company under the name Edward C. Hawkins & Co., Ltd., LLC:

- 1. Statement of Change of Registered Office and Registered Agent for Limited Liability Company; and
- 2. A check in the amount of Twenty-Five Dollars (\$25.00) made payable to the "Florida Department of State."

Please file the Application and provide evidence of the filing at your earliest convenience.

Thank you for your assistance in this matter.

Very truly yours.

Am Man Speet

Ann Marie Hawkins

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______ Edward C. Hawkins & Co., Ltd., LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Marie Hawkins

Name of Person

Hawkins and Company, LLC

Firm/Company

1267 West 9th Street, Suite 500

Address

Cleveland, Ohio 44113

City/State and Zip Code

annmarie.hawkins@echawkinsltd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel S. Zulandt

Name of Person

763-2050

772

at (

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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. Na	ame of the limited liability company:Edward C. Hay	wkins	& Co., Ltd	., LLC
2. (a)	1267 West 9th Street, Suite 500	(b) 1267 West 9th Street, Suite 500		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ 、	/	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cleveland, Ohio 44113	_	Clevelar	id, Ohio 44113
		_		
	9/28/2015		M150000	07994
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Assistant Secretary			
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	
				TAL SE
	Plantation	33324		CAFE -
(b)	Ann Marie Hawkins			FILEU MINNY OF STATE SECRETARY OF STATE
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>)ffice ad	dress:	HS T
	506 SW Federal Highway			DRIDE ORIDE
	NEW Registered Office Address:			
	Stuart . FL	34994		
the cha agent v was/wa the arti Signa I here provisi the obli to mero	imited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li <u>ammanufue</u> ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	he regis bility co the lim imited l <u>Anr</u> e to act	stered office ompany, it is ited liability iability com n Marie Ha in this cano	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. awkins Printed or typed name of signee acity. I further agree to comply with the

Signature of Registered Agent

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

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