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HAWKINS AND COMPANY, LLC

ATTORNEYS AND COUNSELORS AT LAW 1267 WEST 9TH STREET, SUITE 500 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: Hawkins and Company Firm, LLC

Ladies and Gentlemen:

Enclosed please find the following items which are being submitted for Hawkins and Company, LLC, an Ohio limited liability company who is registered to transact business in Florida as a foreign limited liability company:

- 1. Statement of Change of Registered Office 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 Haul

Ann Marie Hawkins

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Hawkins and Company, 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@hawkinsandcompanyllc.com

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

For further information concerning this matter, please call:

Daniel S. Zulandt	772 763-2050
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

2 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

I. Na	me of the limited liability company: Hawkins an	id Compa	any, LLC				
2. (a)	1267 West 9th Street, Suite 500	()) 1267 We	st 9th Street,	Suite 5	00	
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(.	М;	failing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
	Cleveland, Ohio 44113		Cleveland	I, Ohio 44113			
		<u> </u>					
	10/02/2017		M1700000	08488			
3.	Date of filing/registration in Florida	4.	Ľ	Document number	er		
5. (a)	Ann Marie Hawkins						
5. (u)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:				
	2134 S.W. Sandhurst Way						
	Registered Office Address (MUST BE, FLORIDA STREE	TADDRES.	<u></u>				
					. <u>.</u>	~2	
	Palm City	FL_34990			-	2817 HOV	نسته -
(b)	Ann Marie Hawkins	_			;+ 		-2· -*
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:		••	n Ti	•
	506 SW Federal Highway		_			دې ده	
	NEW Registered Office Address:				•	0 3	
	Unit 202						
	Stuart	_{FL} _34994					

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

h in Maure he

Ann Marie Hawkins

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Mari Hurton im Signature of Registered Agent

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