Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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

Email Address:_

LLC REGISTERED AGENT CHANGE FLORIDA HULL & ASSOCIATES, LLC

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APR 29 2020

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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	me of the limited liability company: HULL & ASSO		
	6397 EMERALD PARKWAY.	(b) 6397 EMERALD PARKWAY,	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 200		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ITE 200
	DUBLIN, OH 43016	D	UBLIN, OH 43016
		M20	000003345
3.	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		1. of State: 2000 APR 28
		·	
	TALLAHASSEE F	L_32301	
(b)	(b) Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 801 US Highway 1 NEW Registered Office Address:		A111147
		L_33408	
change agent	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an effirmative vote of the members icles of organization by the operating agreement of the	liability compared to the limited liability	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. M Alvarez, Special Manager
Sign	ture of a member or a suborized representative of a member		Printed or typed name of signee
ine ou	by accept the appointment as registered agent and an ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in the performance the for in Cha Whereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Carlo Signat	os M Alvarez, Attorney-in-Fact ure of Registered Agent		Tallabassae FI 37314