

M20000007818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 OCT 12 AM 1:00

SECRETARY OF STA  
TILLAMASSEE



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HMJ PARTNERS, 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:

JAMES D. ALLEN, ESQ.

\_\_\_\_\_  
Name of Person

LAW OFFICES OF JAMES D. ALLEN, PA

\_\_\_\_\_  
Firm/Company

50 NORTH LAURA STREET, SUITE 2500

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32202

\_\_\_\_\_  
City/State and Zip Code

JAMES@JDA-LAW.COM

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

For further information concerning this matter, please call:

JAMES D. ALLEN, ESQ.

904

508-3061

at ( )

\_\_\_\_\_  
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

☐ \$55 Filing Fee & Certified Copy

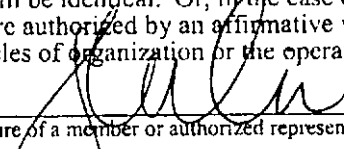
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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.*

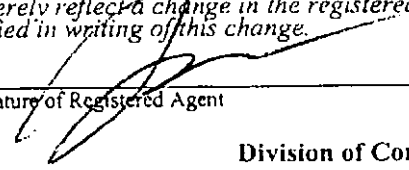
1. Name of the limited liability company: HMJ PARTNERS, LLC
2. (a) 7901 4 ST N STE 300  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
ST. PETERSBURG, FL 33702
- (b) 9581 LA JOLLA FARMS RD  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
LA JOLLA, CA 92037
3. 09/09/2020 Date of filing/registration in Florida
4. M20000007818 Document number
5. (a) REGISTERED AGENTS INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4 ST N STE 300  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
ST PETERSBURG, FL 33702
- (b) JAMES D. ALLEN, ESQ.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
LAW OFFICES OF JAMES D. ALLEN, PA  
NEW Registered Office Address:  
50 N. LAURA STREET, SUITE 2500  
JACKSONVILLE, FL 32202

**FILED**  
2021 OCT 12 AM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

 JULIANNE EBERLIN  
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.*

  
Signature of Registered Agent

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