PARADA	05VIV
(Requestor's Name) (Address)	
(Address)	800319190638
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/04/1801007~-029 <b>**</b> 35.00
Certified Copies Certificates of Status	S TALLENT
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: 00005 Ċ DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MU Contact Person ompany atel LOAN Address HCHUldinks. Con

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

For further information concerning this matter, please call:

at (<u>239</u>) <u>229</u> - <u>2194</u> Area Code & Davtime Telephone Number Antin E2\_ Any

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.

1. The name of the corporation:	HL Holdings, Inc.
2. The principal office address:	447 US Huy 27N
	LALE PLAID, FC 33852
3. The mailing address (if different):	2480 E. State Rd So
<u> </u>	LA BURE, FE 33935
4. Date of incorporation/qualification: _	<u>t (1 01</u> Document number: <u>P01 0000 5474</u>

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)



FILED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

ignature of Registered Agent If signing on behalf of an entity:

Typed or Printed Name
\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail, TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)