P150000078376

(Red	questor's Name)				
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
3. HC	RNE 15 2021				

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SECRETARY OF SHE

COVER LETTER

	tration Section ion of Corporations		
SUBJECT:	JHO LLC		
000000	Name of I	Limited Liab	pility Company
Dear Sir or M	adam:		
The enclosed	Registered Agent/Registered Office Ch	nange and fe	c(s) are submitted for filing.
Please return a	all correspondence concerning this mat	ter to the fol	lowing:
JOSEPH HOFE	FER		
	Name of Person		-
UHO LLC		_	_
	Firm/Company		
525 WEST PLA	ANT ST		
	Address		
WINTER GAR	EDEN, FL 34787		
-	City/State and Zip Code		-
JOE@CYNER	GREEN.COM		
E-mail a	ddress: (to be used for future annual re	port notifica	tion)
For further inf	formation concerning this matter, pleas	e call:	
ЈОЅЕРН НОГР	FER at	407	5588166
	Name of Person		Area Code & Daytime Telephone Number
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	sed is a check for the following amou		Filing Fee & Certified Copy

INHS18 (2/14)

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Stat anized under the laws of the State of <mark>FLC</mark> istered agent, or both, in the State of Flor	ORIDA		
1. The name of t	he corporation: CYNERGREEN HOSP	ITALITY INC			
	office address: 525 WEST PLANT ST,	•			
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 9/15/2018	Document number: P150000783	76		_
	street address of the current registered tment of State: (If resigned, enter resigned)	l agent and registered office on file with t	the .		
	JOSEPH HOFFER				
	525 WEST PLANT ST				
	WINTER GARDEN, FL 34787				
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			2021 NOV _1	٠.
	JOSEPH HOFFER		188. 188.	1	ï
	#285 18981 US HWY 441		E 9	P	
	Box NOT acceptable	200 110 110	PH 3:	Ę	
	MOUNT DORA, FL 32757	•	· ::	17	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business office of its re	gistered	agent,	
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been result.	ed by its board of directors or by an off notified in writing of the change.	icer so		
Lo. A Wh		JOSEPH HOFFER			
	of of an officer or director	Printed or typed name and title			
l further agree t of my duties, an	d Lam familiar with and accent the oi	and agree to act in this capacity, atutes relative to the proper and comple bligation of my position as registered ag the registered office address, I hereby cap.	ovnt ()r	° il Inis	
		10/25/2021			
Signature of Registered Agent		Date			
If signing on bel	half of an entity:				
Ty	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *