

P940000255Ko

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03/14/24--01020--003 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hubet Neuner Investements Incorporate Name of Corporation	ion
DOCUMENT NUMBER: P94000025516	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	_
Markus Neuner	
Name of Contact Person	
Firm/Company	
7735 Holiday Dr	
Address	
Sarasota, FL 34231	
City/State and Zip Code	 _
huineuner@hotmail.com	
E-mail address: (to be used for future annual	report notification)
(· · · · · · · · · · · · · · · · · · ·	report notification,
For further information concerning this matter, p	please call:
Markus Neuner	845 6031506
Name of Contact Person	at (845) 6031506 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.050 ange is submitted for a corpor er to change its registered offic	ation organ <mark>i</mark> zed	l under the laws i	of the State of Flo	rida	ris
1. The name of	the corporation: Hubert Neune	r Investements I	nc.			
	office address: 7735 Holiday D)r				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 03/30/1	994	Document nun	nber: <u>P940000255</u>	16	
5. The name and	d street address of the current r rtment of State: (If resigned, er	egistered agent				_
	Shoaf, Margaret					
	46, North Wahsington Blvd., S	uite 29				
	Sarasota, FL 34236					
6. The name and (if changed):	d street address of the new regi	stered agent (if	changed) and /o	r registered office	20	
	7735 Holiday Dr			まった かった ひこ	AR I	FILE
	Sarasota, FL 34231	P.O. Box NO	l'acceptable		HAM IZ:	.EO
The street addre	ess of its registered office and be identical.	the street addr	ess of the busing	ess office of its re		d agent,
	as authorized by resolution du ne board, or the corporation ha					
	11- Oli		arkus Neuner			
	the appointment as registered the appointment as registered to comply with the provisions of I am familiar with and accent filed merely to reflect a children notified in writing of the	l agent and ag of all statutes of the obligation ange in the reg is change.	Printed or ree to act in this relative to the pr on of my position istered office ad	typed name and title capacity, oper and comple n as registered as ldress, I hereby c	te perfo zent. O onfirm	ormance or, if this that the
	nature of Registered Agent		arkus Neuner			
	half of an entity:			Date		
Ту	ped 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 (04/13)