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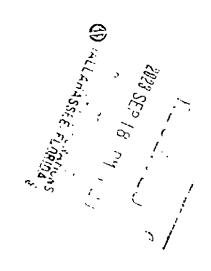
(Requestor's Name)							
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PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
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2023 SEP 18 AM 8: 34 SECRETARY OF STATE



COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations HOW HARD CAN IT BE, LLC SUBJECT: _____ 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: Name of Person COGENCY GLOBAL INC. Firm/Company 115 North Calhoun Street, Suite 4 Address Tallahassee, FL 32301 City/State and Zip Code dlittwin@dugganbertsch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.

Name of the limited liability company:			HOW HARD CAN IT BE, LLC		
2.	(a)	1010 SEMINOLE DRIVE UNIT 1710	(b)	1010 SEMINOLE DRIVE UNIT 1710
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		FORT LAUDERDALE, FL 33304			FORT LAUDERDALE, FL 33304
		11/16/2020	_		M20000010409
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	DUGGAN BERTSCH PLLC			<u></u>
		Registered Agent and Registered Office shown on the records of t	the Floric	la Dept. of S	State:
		875 109TH AVENUE N.			
		Registered Office Address			
		Suite 302	SE		
		NAPLES . IFL.		34108	F 11_F P 18 TARY
	(b) Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered				ILED I 8 AM 8: 34 Ry of State Ssee, flooring
				fice address: 플러 🍒	
		115 North Calhoun Street, Suite 4	, -		
		NEW Registered Office Address:	_		
		Tallahassee 1-1		32301	
		, FI.			_
the age wa	e cha ent v .s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the lit	istered off company, nited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
/S/ James M. Duggan			James M. Duggan		
5	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to .	ovisi v obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ve to ac perform I for in hereby c	et in this c nance of n Chapter (confirm th	apacity. I further agree to comply with the we duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
<u>~.</u>		/S/ Sean Chase			
Si	gnatu	re of Registered Agent			