## L0/000020960

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## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: HALO POLO LLC								
(Name of Limited Liability Company)								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
Mario G. de Mendoza, III, Esq.	<del></del>							
(Name of Person)								
Mario G. de Mendoza, III, P.A.								
(Firm/Company)	200 SE TALI							
12765 Forest Hill Blvd., Suite 1302	2006 NOV 20 SECRETARY LLAHASSE							
(Address)	SEE,							
Wellington, FL 33414								
(City/State and Zip Code)	↓: 32 In the state of the sta							
	<i>y</i>							
For further information concerning this matter, p	please call:							
Mario G. de Mendoza, III	(561 ) 784-2930							
(Name of Person)	(Area Code & Daytime Telephone Number)							
·	,							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following a	mount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy							

INHS18 (8/05)

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

•	Pursuant to the provision liability company submits agent, or both, in the State	ns of sections 608 s the following sta e of Florida.	.416 or 608.508, Florida Statute tement in order to change its reg	es, the istered	under d office	signed limited or registered			
	1. The name of the limited liability company is: HALO POLO LLC								
	2. The mailing address of the limited liability company is : c/o Mario G. de Mendoza, III, P.A.,								
	12765 Forest Hill Blvd., Sui	te 1302, Wellington,	FL 33414						
	November 30, 2001		L01000020960						
	3. Date of filing/registration	ion in Florida	4. Document nu	mber					
	5. The name of the register Florida Department of S	State:	registered office address as shown	on the	e recor	ds of the			
		Melissa Potamk	····	_					
		0000 411 0	Name						
		3629 Aiken Cour		_					
		Mallington El 2	Address						
		Wellington, FL 3	City, State and Zip	_					
	6. The name and address of		•	SECRETAF	2006 NOV 20				
		Mario G. de Men	doza, III, P.A.	HASE TA	NO	EMERGE 1			
			Name	£?	20				
		12765 Forest Hill	Boulevard, Suite 1302	E-F	υ				
			dress (P.O. Box <b>NOT</b> acceptable)	STATE LORID	<del>ξ.</del> ω	O			
		Wellington,	FL 33414	DE:	~~~				
		Ci	ty, State and Zip						
<u></u>	confirmed that after the cl and the business office of liability company, it is her	hange or changes a the registered ager reby confirmed that nited liability comput of the limited liability.	13	s of the e of a led	e regis Florida an affi	tered office limited rmative vote			
	Melissa Potamkin Ganzi								
	(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 608/F.S. Or, if this document is being filed to merely reflect a change in the registered office address, the few confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)								
		on of Corporation	s, P.O. Box 6327, Tallahassee, F	L 323	814				
			-, , <b> </b>						

**FILING FEE: \$25.00** 

INHS18 (8/05)