L05000003500

CARLTON FIELDS
ATTORNEYS AT LAW
P.O. Box 019101 Miami, Florida 33131-9101
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusings Fully Name)
(Business Entity Name)
(Document Number)
Codified Coming
Certified Copies Certificates of Status
Charles tradering to Filling Officer
Special Instructions to Filing Officer:
A. C. Wity
the poor
a variation
Office Use Only
Operator
Undater
With the second
Control of the Contro
1. A. 1. A. 1.



600055124666

05/26/05--01041--012 **25.00

2905 WAY 26 PP 2: 01
SECRET SE

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. The name of the limited liability company is:	Hanguier, LLC
2. The mailing address of the limited liability compa	•
Cocal Goroles, R 33134	
CA 14 1205 3. Date of filing/registration in Florida	10500003500
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registere Florida Department of State:	
Teonsglobal C	occore Administration, UC une 1 Cy Daive, SUTE 0-845 Iress 3131 Te and Zip
520 Beickell Ke	y Daive, SUTE 10-805 Iress
miami, FL 3 City, Stat	건설 e and Zip
6. The name and address of the new registered agent	and/or office:
CFRA,	LIC
Nam Cornon to Cost Three of	Tof/Phan Had/W Boy Scort-Blvd.
Florida street address (P.	O. Box NOT acceptable) 10th Floor
City, State	and Zip
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha the members of the limited liability company or as of the operating agreement of the limited liability comp	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited nee(s) was/were authorized by an affirmative vote of
(Signature of a member or authorized representative of a member)	
Tationa Acauto (Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Signature of Registered Agent)