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SECRETARY OF STATE
TAILAHASSEE, FLORID

## c COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	T: HALMARK HO	WYWOOD LLC	
	(Name of Limi	ited Liability Company)	
Dear Sir o	or Madam:		
The enclos	sed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
		- · · · · · · · · · · · · · · · · · · ·	
Please retu	urn all correspondence concerning this	s matter to the following:	
B	RVCE TVCKCK (Name of Person)		
	(Name of Person)		
	(Firm/Company)		
P.O.	. Box 85010 (Address)	•	
. •	(Address)		
	ANDRIE, E 33008		
HM			
	(City/State and Zip Code)		
For furthe	r information concerning this matter, p	please call:	
_		777-7848	
DR	(Name of Person)	(Area Code & Daytime Telephone Number)	
	(Name of Leison)	(Alea Code & Daytime Telephone Tumber)	
e or	REET/COURIER ADDRESS:	MAILING ADDRESS:	
	gistration Section	Registration Section	
Di	vision of Corporations	Division of Corporations	
	ifton Building	P.O. Box 6327	
	61 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314	
	nclosed is a check for the following a	mount:	
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
	□ \$55 Fining Fee & Certified Co		

## 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.

agent, or both, in the blate	<b>v</b>			
<ol> <li>The name of the limited</li> <li>The mailing address of</li> </ol>	d liability company is:	Horwinek	HOLYN	rood Lu
2. The mailing address of	the limited liability comp	oany is : <u>3800</u>	5.00	cem Dr
#9L, Hos	LYWOOD FL	33019		
7/12/2006 3. Date of filing/registration		L060	000696	60
3. Date of filing/registrati	on in Florida	4. Docume	ent number	
5. The name of the registe Florida Department of S	red agent and the registere State:  BUSINESS F.  1263 - GOVERN  Ad  TALLAHASSEF  City, Sta	ed office address as s  LLINGS INC  ame  UERS SONAR  dress  FL 323	Hown on the rec	Guide 101
6. The name and address of		t and/or office:	<u>.</u>	
				14
	Florida street address (P	•	·	
	HOUYWOOD F	L 3301°	1	
If the limited liability com	City, State	ler the laws of the Sta	ate of Florida, it	is hereby
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the energity agreement signature of the member or authority.	lange or changes are made the registered agent will be be confirmed that the chaited liability company or t of the limited liability co	e, the Florida street age be identical. Or, in the lange(s) was/were au	ddress of the reg e case of a Flori thorized by an at	sistered office ida limited ffirmative vote
Michele (Printed or typed name of signee)	LUASKA			
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or if the address, I hereby confirm	ntment as registered agen s of all statutes relative to l accept the obligations of his document is being filed that the limited liability c	t and agree to act in the proper and com f my position as regis d to merely reflect a company has been not	this capacity. I blete performant tered agent as p change in the re ified in writing o	further agree to ce of my duties, provided for in gistered office of this change.
	<u> </u>			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

(Signature of Registered Agent)