Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000260880 3)))



H110002608803ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SCHUTT LAW FIRM, P.A.

Account Number: I20040000017 Phone : (239)540-7007

Fax Number : (239) 791-1080

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

manfred.reiter@ymail.com

LLC REGISTERED AGENT CHANGE HAPPY PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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. Name of the limited liability company:	HAPPY PROPERTIES LLC
2. (a) Principal office address of limited liability com	apany:
(Note: MUST BE STREET ADDRESS)	1813 NE 18th Place Cape Coral, Florida 33909
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Moldham 204 A-5201 Seekirchen, Austria
January 28, 2011	L11000011935
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	it of the records of the Florida Dept. of state: —
Registered Agent:	Uwe Rusch
Registered Office Address:	2624 SW 4th Avenue
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Darrin R. Schutt, Esq.
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	1322 SE 46th Lane Suite 202 Cape Coral ,F1.33904
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be illiability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signburg of a member or authorized representative of a member	the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Darrin R. Schutt, Esq.	
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the und I am familiar with and accept the obligations of my Chapter 668, R.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signmer of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00