L07000028854

(Re	equestor's Name)	·
(Ad	ldress)	
	,	
(Address)		
•		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
	<u> </u>	_
(Bu	isiness Entity Nan	ne)
	-	
(Document Number)		
Certified Copies	Certificates	of Statue
Certified Copies	_ Certificates	Or Otatus
Special Instructions to	Filing Officer:	
		· · · · · · · · · · · · · · · · · · ·





100137161531

10/24/08--01011--016 **25.00

2000 OCT 24 PM 12: 42
SECRETART OF STATE

C. LEWIS

OCT 272008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: #+9	Name of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
DR. SOLOMON (Name of Person)	LANSTON
(Firm/Company)	
7399 CORAL (Address)	WAY
MIAMI RECEIVED	FL 33155 de)
For further information concerning the	nis matter, please call:
(Name of Person)	NSTOR 305 261-7661 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the f	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 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: H +	S REALTY LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	MIANI FL 33155
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOUE
3-16-2007 3. Date of filing/registration in Florida	L070000 28854 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CORPDIRECT
Registered Office Address:	JIJ EAST PARNAUE 32301 POBOX 38413 TALLAHASSEE PL 32315
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:
NEW Registered Agent:	SOLOMON LANSTER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MIAMI FL 33155
If the limited liability company is not organized under the limited liability company is not organized under the liability company or as otherwise provided in the articles o limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, Thereby I in writing of this change.
(Signature of Registered Ment) Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314
FILING FEE	The most of the second