

Division of Corporations

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Florida Department of State
Division of Corporations
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(((H13000188150 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

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

Email Address: hfra@henlaw.com

REGISTERED AGENT CHANGE
HILLIARD BROTHERS OF FLORIDA, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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EXAMINER

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AUG 26 2013

FAX AUDIT NO.: H13000188150 3

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HILLIARD BROTHERS OF FLORIDA, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/01/1987 3. A24330
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MARY ELIZABETH HILLIARD CARROLL

Name

5500 FLAGHOLE ROAD

Address

CLEWISTON, FL 33440

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

HF REGISTERED AGENTS, LLC

Name

1715 MONROE STREET

Florida street address (P.O. Box not acceptable)

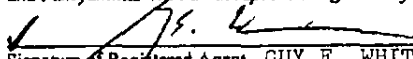
FORT MYERS FL 33901

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner JOE MARLIN HILLIARD

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.


Signature of Registered Agent GUY E. WHITESMAN, VICE PRESIDENT

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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