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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: H&B Global of South FL LTD. Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A9700001880

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hassain Issa	
Contact Person	
H&B Global of South FL LTD.	
Firm/Company	
10135 SW 124 Street	
Address	
Miami, FL 33176	
City, State and Zip Code	
hassainissa@gmail.com	
E-mail address: (to be used for future annual report not	fication)

For further information concerning this matter, please call:

Hassain Issa		9874242
Name of Contact Person	Area Code and Da	aytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
INHS04 (01/06)	

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

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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.

Name of Limited Partnership or Limited Liability Limited Partnership 2	1	H&B Global of So	uth FL L	.TD.		
Dute 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: Lowell M Goode 6330 SW 41 Court Address Davie, FL 33314 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: Hassain Issa Name 10135 SW 124 Street Florida street address (P.O. Box not acceptable) Miami FL 33176 City, State and Zip 6. Such changets for effective when filed by the Florida Department of State. Signature of pencell number	Nan	ne of Limited Partnership or Limited	Liability Lir	nited Partnership		
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 5. The name and Florida street address of the new registered agent and/or office: Hassain Issa Name 10135 SW 124 Street Florida street address (P.O. Box not acceptable) Miami FL_33176 City. State and Zip 6. Such change(r) if the effective when filed by the Florida Department of State. Signature of the real Partner I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of a forfutures relative to the proper and complete performance of my duties. 		Davie, FL 33	314			
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Signature of Registered Agent	comply with the provis and I am familiar with Signature of Registered	ions of affstatutes relative to the pro an accept the obligations of my posit d Agent	per and com	plete performance o	ther agree to of my duties,	
Filing Fee:\$35.00Certified Copy (optional):\$52.50						