

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

far Kumber

: (850)205-0380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone ; (305)\$72-0686

: (305)672-9110 Fax Burbax

REGISTERED AGENT CHANGE

HQM OF BAY ST. JOSEPH, L.L.C.

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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 submits the following statement in order to change its re			
1. The name of the limited liability company is: HQM of	• • • •		
2. The meiling address of the limited liability company i	s: 2979 PGA BLVD		
PALM BEACH GARDENS FL 33410			
10/3/2000 - L00000012057			
3. Date of filing/registration in Florida	4. Document number	-	
 The name of the registered agent and the registered of Florida Department of State; 	files address as shown on the records of the		
<u>Adams, sandra l</u>	Richard I	_ =	
2979 POA BLVD.	Name	9	n
25/3FGR 8EVD.	Address	SION	2
PALM BEACH GARDENS FL 33410		G	;;
City,	State and Zip	7	2
3. The name and address of the new registered agent and	Vor office:	3 88	유
Corporate Creations Network Inc.		0k A	<u>:</u>
Name		1710 1: 2	<u>₹</u>
11380 Prosperity Farms Florida surest address	Road #221E (P.O. Box NOT ecceptable)	9.00 DHG	;
Palm Beach Gardens	FL 33410		
City.	State and Zip		
If the limited liability company is not organized under the or changes are made, the Florida street address of the registernical. Or, in the case of a Florida limited liability company of the limited liability company, the operating agreement of the limited liability company. (Signifunction of members or surborized representative of a members of the limited liability company.	gistated office and the business office of the registered impany, it is hereby confirmed that the change(s) wasty company or as otherwise provided in the articles of c	agont will be were authorized by	
Angela E. Howard, Assistant Secretary (Protect or Typed name of signee)			
I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent as provided for in Chapte in the registered office address, I hereby confirm that the Cigoatura of Registered Agent)	nunce of my duries, and I am familiar with and accept er 608, F.S. Or, if this document is being filed to merc	t the obligations of my reflect a change of this change.	7
Division of Corporations, P	O. Box 6327, Tallahassee, FL 32314		

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139

(561) 684-8107