02000026834

(Rec	uestor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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L02-2	•	•
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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09/15/11--01008--001 **140.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hochberg AHSO Downtown Investments, LC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joel Hochberg Name of Person
Joel Hochberg (10 Hochberg AHSO Dountown Investmente,
317 Duan Blvd Address
Golden Beach, FL 33160 City/State and Zip Code
Janelle Crare Ci. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tanelle Camura at (305) 932-7713 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}



September 16, 2011

JOEL HOCHBERG 317 OCEAN BLVD. GOLDEN BEACH, FL 33160

SUBJECT: HOCHBERG AHSO DOWNTOWN INVESTMENTS, LLC

Ref. Number: L02000026834

We have received your document for HOCHBERG AHSO DOWNTOWN INVESTMENTS, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 611A00021522

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

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.

agent, or both, in the blace of Florida.	Alles N al et la sea
1. Name of the limited liability company: Hochberg	AHSO Dountown Invulmen
2. (a) Principal office address of limited liability company:	317 Ocean Blvd
(Note: MUST BE STREET ADDRESS)	Golden Beach, Fl 33160
(b) Mailing address of limited liability company:	317 Ocean Blvd
(Note: MAY BE POST OFFICE BOX)	Golden Beach, FL 33160
10/10/2002	L0200002683 建 号 雪
3. Date of filing/registration in Florida 4	e records of the Florida Depti-af State
5. (a) Registered Agent and Registered Office shown on th	e records of the Florida Dept-af State
Registered Agent:	Corpdirects Againstnc.
Registered Office Address:	515 East Park AVENUE Tailahaisee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: Joel Hochberg 317 Dean Blvd Golden Blach FL 33100
If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) we of the members of the limited liability company or as otherw or the operating agreement of the limited liability company.	rida street address of the registered office al. Or, in the case of a Florida limited vas/were authorized by an affirmative vote
beellock.	
Signature of a member or authorized tepresentative of a member Joel Hochberg	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and aging comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my position of the confidence of the confidence of the company is being filed to mere address, I hereby confirm that the limited liability company is a confidence of the confid	ree to act in this capacity. I further agree to er and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office ias been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6327	, Tallahassee, FL 32314

FILING FEE: \$25.00