Division of

Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE HG EQUIPMENT, LLC

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FEB 15 2011

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: HG EQUIPMEN	T, LLC
2. (a) Principal office address of limited liability company	: 5321 MEMORIAL HIGHWAY
(Note: MUST BE STREET ADDRESS)	TAMPA FL 33634
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
12/18/2002	L.02000034051
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	HILLER, MARTINH
Registered Office Address:	5321 MEMORIAL HIGHWAY
	TAMPA FL 33634
NEW Registered Agent:	C T Corporation System 1200 South Pine Island Road
NEW Registered Office Address:	1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Ada Sarmento 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 pro- oral I am familiar with and accept the obligations of my pos- chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company C T Corporution System	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered affice has been notified in writing of this change. Madonno Cuiddiny
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Division of Corporations, P.O. Box 6327, Tulinhassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

FL015 - 11/16/2016 C T System Option

By: