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SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	T: HATHIS WADI, LLC (Name of	`Limited Liab	pility Company)	
Dear Sir o	or Madam:			
The enclo	osed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning	g this matter	to the following:	
KANAIY	ALAL J HATHI			
	(Name of Person)	-		
HATHIS	WADI, LLC			
	(Firm/Company)		· · · · · · · · · · · · · · · · · · ·	
390 PO	NDELLA ROAD, SUITE 2		·	
<u> </u>	(Address)			
NORTH I	FORT MYERS, FL 33903			
	(City/State and Zip Code)		-	
For furthe	er information concerning this ma	tter, please ca	di:	
KANAIY	ALAL J HATHI	at (630	841 0575	
	(Name of Person)		(Area Code & Daytime Telephone Number)	
Re Di Cl 26	TREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle dlahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Eı	nclosed is a check for the follow	ing amount:		
✓	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	

* 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. The name of the limited liability company is: HATH	HIS WADI, LLC			
2. The mailing address of the limited liability company is : 2002 BAYSIDE PARKWAY				
FORT MYERS, FL 33901				
02/0402003	L03000004228			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
KANAIYALAL J HATHI				
Name				
2002 BAYSIDE PARKWAY				
Addre	SECRETARIAN SECRET			
FORT MYERS, FL 33901	<u>8 5 9</u>			
City, State	and Zip			
6. The name and address of the new registered agent and/or office:				
KANAIYALAL J HATHI				
Name 390 PONDELLA ROAD, SU	JITE 2 O O			
Florida street address (P.O.				
NORTH FORT MYERS FL	33903			
City, State ar	nd Zip			
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability comp	debiical. Ur. in the case of a Florida limited			

KANAIYALAL J HATHI

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has 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