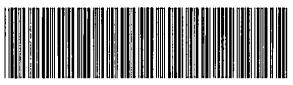
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## **COVER LETTER**

	Registration Section Division of Corporations			0
SUBJEC	THE HAMLET, L.L.C.			
		ne of Limited !	Liability Company	
Dear Sir	or Madam:			
The encl	losed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	is matter to the	e following:	
Scott V	V. Dunlap, Esq.			
	Name of Person		<del></del>	
Dunlap	o & Moran, P.A.			
	Firm/Company			
22 S. L	inks Ave., Suite 300			
	Address		<del></del>	
Sarasc	ota, FL 34236			
	City/State and Zip Code			
sdunla	p@dunlapmoran.com			
E-1	mail address: (to be used for future ann	nual report not	fication)	
For furth	ner information concerning this matter,	please call:		
Scott V	V. Dunlap, Esq.	941 at (	366-0115	
	Name of Person		Area Code & Daytime Telephone Nur	nber
1 ( 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
I	Enclosed is a check for the following	amount:		
Ş	☑ \$25 Filing Fee	<b>O</b> 9	655 Filing Fee & Certified Copy	
INHS18 (	2/14)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: THE HAMLE	r, L.l	C		
2. (a)	4601 South Tamiami Trail, Sarasota, FL3424	12	(b	74 West	t Park Place, Stamford, CT 06901
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/28/2003	_		L0300001	19531
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Johnson, Robert MESQ				
, ,	Registered Agent and Registered Office shown on the records of t	he Flo	riđa	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	ess		
	One North Tuttle Ave.				21
	Sarasota	3423	37		2015
(b)	Scott W. Dunlap, Esq.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	ress:	5. 
	NEW Registered Office Address:				ි. ව
	22 S. Links Ave., Suite 300			· · · · · · · · · · · · · · · · · · ·	
	Sarasota	3423	36		
he cha gent v vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the re bility f the l limite	gis co limi d li	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
		L —	aw	rence W	Goichman
l herei provisi he obl o mere otified	by accept the appointment as registered agent and agree of a list at the second agent and agree of all statutes relative to the proper and complete proper in a complete proper of a change in the registered agent as provided in the registered office address, I have the proper of this change.	e to e perfor for i ereby	act rina n C	in this capa nce of my a hapter 605, nfirm that t	Printed or typed name of signee of the comply with the fuller, and I am familiar with and accepes. Or, if this document is being filed he limited liability company has been

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