L03000036358

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J. BRYAN

AUG 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	lammocks, LLC ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Abbey L. Kaplan	
Name of Person	
Kluger, Kaplan, Silverman, Katzen & Levin	SECRETALLAHA
201 S. Biscayne Blvd., Suite 1700 Address	AUG 18 PH 2: 54 CRE JANG OF STATE LAHASSEE, FLORIDI
Miami, FL 33131 City/State and Zip Code	ATE ATE
akaplan@klugerkaplan.com E-mail address: (to be used for future annual report notifica	ition)
For further information concerning this matter, pl	lease call:
Abbey L. Kaplan at ((305) 379-9000 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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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:	The Hammocks, LLC	-6-
2. (a) Principal office address of limited liability company	/: <u> </u>	EC EN
(Note: MUST BE STREET ADDRESS)	136 Beach 144 Street Neponsit, NY 11694	7000
(b) Mailing address of limited liability company:	<u></u>	Line is
(Note: MAY BE POST OFFICE BOX)	136 Beach 144 Street Neponsit, NY 11694	ONE ST
9/24/2003	L0300003635	58
.3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	ot. of State:
Registered Agent:	Miami Center Registered	Agents, LLC
Registered Office Address:	201 S Biscayne Blvd, 17th Miami, FL 33131	n Floor
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u> <u>NEW Registered Agent</u> :	Abbey L. Kaplan, Esq.	
NEW Registered Office Address:	201 S Biscayne Blvd, Suite 1700	
(MUST BE FLORIDA STREET ADDRESS)	Miami ,FL33131	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F 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	lorida street address of the regical. Or, in the case of a Flor) was/were authorized by an a wise provided in the articles of	gistered office
Marc Russack	_	
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 prand I am familiar with and accept the obligations of my pochapter 608. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity. I oper and complete performan sition as registered agent as p rely reflect a change in the re y has been notified in writing	further agree to ce of my duties, provided for in egistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent