Florida Department of State

Division of Corporations Public Access System

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To:

Division of Congrations

Division of Corporations

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Froms

Account Name Account Number : 110432003953

: CORPORATE CREATIONS INTERNATIONAL INC.

: (305)672-0686

FAX Number

: (305)672-9210

REGISTERED AGENT CHANGE

HQM OF GAINESVILLE, LLC

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M. Thomas AITS 15 200

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

Pursuant to the provisions of sections 608.416 or 6 submits the following statement in order to change its	508.508, Fiorida Sia registered office or	uutes, the undersign registered agent, or	red limited liability com- both, in the State of Flo	ipany ridu
1. The name of the limited liability company is: HQM				
2. The mailing address of the timited liability compan	y is: 2401 PGA BL	VD., SUITE 155		*
PALM BEACH GARDENS FL 33410				
1/8/2004		t naoc	00002092	
3. Date of filing/registration in Florida	4. D	ocument number	3002072	wra.
5. The name of the registered agent and the registered Florida Department of State:		own on the records	of the	
ADAMS, SANDRA L	Name		-	
2979 PGA BLVD.			_	
	Address		-	
PALM BEACH GAR	DENS FL 33410 y, State and Zip		_	
3. The name and address of the new registered agent a	•••••			
Corporate Creations N	•		N A	9
Corporate Accession 1	Name			≥
11380 Prosperity Farm	s Road #221E		EU.	05 AUG
Florida street addre	as (P.O. Box NOT a	(cceptable)		72 1
Palm Beach Gardens	وبور فالمتحدث والمسرور والمراب والمراب والمراب والمراب والمراب والمرابع وال	3410	.	
· ·	y, State and Zip		20	_
If the limited liability company is not organized under or changes are made, the Florida street address of the ridentical. Or, in the case of a Florida limited liability of an affirmative vote of the members of the limited liability compared to the coparating agreement of the limited liability companies. (Signature of a member or authorized representative of a member of a member of authorized representative of a member of	registered office and company, it is hereby lity company or as or ny.	the buriness office of confirmed that the	of the registered Took with change(s) was wore suit	ilete honized by
Angela E. Howard, Assistant Secretary (Printed or Typed name of signee)				
I hereby accept the appointment as registered agent an of all statutes relative to the proper and complete performy position as registered agent as provided for in Chain, the registered affice address. I hereby confirm that it is a confirmation of the confirmation o	ormance of my duties pter 608, F.S. Or, if he limited liability co	t, and I am familiar this document is be ompany has been no	with and accept the obti- ing filed to merely replac	gavons of to charge
Division of Corporations,	P.O. Box 6327,	Tallahassee, FL	. 32314	

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941 Fourth Street Miami Beach FL 33139

(561) 694-8107

Corporate Creations International inc.