L04000002226

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Address Change

SUBJECT: Hampam Pr							
Name of Limit	ed Liability Company						
Dear Sir or Madam: LO4	Madam: L04000002226						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:						
Jena Rissman Atlass							
Name of Person							
, was 511 5550.							
Savage & Atlass, P.L.							
Firm/Company							
3999 Sheridan Street, Suite 200							
Address							
Holloward El 22021							
Hollywood, FL 33021 City/State and Zip Code							
City/state and Zip Code							
iatlass@savageatlass.com							
jatlass@savageatlass.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jena Rissman Atlass at	(954) 985-1005						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section	on Registration Section						
Division of Corporations							
Clifton Building							
2661 Executive Center Circle	Tallahassee, Florida 32314						
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

(A)