L0400005555

Hardner			
Wardiner (Requestor's Name)			
(Address)			
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(Address)			
385-0010			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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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 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 limite	ed liability company is: Hammer	rsmith, LLC		
2. The mailing address of the limited liability company is: 1300 Thomaswood Drive,				
Tallahassee, Florida				
1/21/2004		L04000005555		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of	ered agent and the registered office State:	e address as shown on the records of the		
······································	Curtis B. Hunter			
	Name 1300 Thomaswood Drive	TAL SE	_	
	Address Tallahassee, Florida 32308	DEC 2	1	
	City, State and Z	A STATE OF THE STA	T	
6. The name and address of the new registered agent and/or office: Garvin B. Bowden				
	Garvin B. Bowden			
	1300 Thomaswood Drive	DE 1		
	Florida street address (P.O. Box	NOT acceptable)		
	Tallahassee FL 3230	08		
	City, State and Zip	p		
confirmed that after the cl and the business office of liability company, it is her the members of the limite	nange or changes are made, the Flo the registered agent will be identic beby confirmed that the change(s) y	tws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote provided in the articles of organization of	e of r	
(Signature of a member or authori	zed representative of a member)			
GARBIGOU	Kar			
(Printed or typed name of signee)	1			
I hereby accept the appoil comply with the provision and am familiar with an Chapter 508, F.S. Or, if address, I hereby confirm	ntment as registered agent and agi s of all statutes relative to the prop d accept the obligations of my posi his document is being filed to mere that the limited liability company i	ree to act in this capacity. I further agree per and complete performance of my dutie, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change	10 3, 1 ? ?.	
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
NHS18(10799)	FILING FEE: \$2	25.00		