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COVER LETTER ¢

TO: Registration Section
Division of Corporations
SUBJECT: H&S LLC
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Allison Linnet
(Name of Person)
H&S LLC (Firm/Company)
8413 NW 68th
(Address)
Miami, FL 33166
(City/State and Zip Code)
For further information concerning this metter places cells
For further information concerning this matter, please call:
Allison Linnet at (305) 9323881
(Name of Person) (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

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.

2. The mailing address of the limited liability com	bany is : <u>8413 NW 68</u>	oth Street Miai	mi, FL 33166
04/13/2004	L	040000	28438
3. Date of filing/registration in Florida 4. Docume		nt number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as sh	own on the reco	ords of the
Business Filir	igs Incorporated		
	ame	 -	
1203 Governors S	Square Blvd Suite 1	01	
Ac	ldress	···	
	FL 32301-2960		, 0
City, St	ate and Zip		7 7
6. The name and address of the new registered ager	nt and/or office:	AHA	FIL MAR 22
Leon Roy	Hausman		٠ نص
'Na 8413 NW 68		二 二	
			2: 35
Florida street address (I	2.0. Box NOT accepta		# 33
Miami, _I	FL 33166	_	
City, Stat	e and Zip	*	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Leon Roy Hausmann
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam familian with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. for, if this document is being filed to merely reflect a change in the registered office address! Thereby from that the limited liability company has been notified in writing of this change.

(Spenting of Registered Agent)

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