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## **COVER LETTER**

Name of Limited Liability Company  Sir or Madam: enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following:    Wayne Jones	ECT:	FHR, LLC	
wayne Jones Name of Person  FHR, LLC Firm/Company  6301 Haggerty Road Address  Belleville, MI 48111 City/State and Zip Code  wbodenmiller@contltd.commail address: (to be used for future annual report notification) arrther information concerning this matter, please call:  Wendy Bodenmiller Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Name of Li	imited Liability Company	
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Enclosed is a check for the following amount:	Enclosed is a check for the following	g amount:	
\$25 Filing Fee \$\infty\$ \$55 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.

1. Name of the limited liability company:	FHR, LLC
2. (a) Principal office address of limited liability company	: 6301 Haggerty Road
(Note: MUST BE STREET ADDRESS)	Belleville, Mt 48111
(b) Mailing address of limited liability company:	6301 Haggerty Road
(Note: MAY BE POST OFFICE BOX)	Belleville, MI 48111
4/23/04	L04000031313
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Marvin S. Rosen
Registered Office Address:	222 Lakeview Avenue, Ste 800
of the state of th	West Palm Beach, FL 3340
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability 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  Wayne Jones, Member  Printed or typed name of signee	aws of the State of Florida, it is hereby orida street address of the registered office
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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