L04000041693

(Requestor's Name)				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer			
Special Instructions to Filing Officer:				

Office Use Only



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2011 DEC -7 AMII: 06
SECRETARY OF STATE

J. BRYAN

DEC -8 2011

EXAMINE

COVER LETTER

Division of Corporations						
SUBJECT:		DHI, LL				
Nam	ne of Limited	Liabilit	y Company			
Dear Sir or Madam:						
The enclosed Registered Agent/Register	ered Office (Change a	nd fee(s) are	submitted fo	or filing.	
Please return all correspondence conce	rning this ma	atter to th	ne following:			
Cezary P. Gesion	<u>r</u>					
Name of Person				*	٠,	
SOHI, LLC Firm/Company			2011 DEC -7 AM 11: 06 SECRETARY OF STATE TALLAHASSEE, FLORID			<u> </u>
2240 Belleair Rd., STE	<u> 150</u>	·			ARY OF S	T
				-	AM II: 06 OF STATE EE, FLORIDI	
Clearwater, FL 337 City/State and Zip Code	64				>	
sohillc@gmail.con E-mail address: (to be used for future annual r	n report notification	n)				
For further information concerning this	matter, plea	se call:				
Cezary P. Gesior	at (727)	481-3741		
Name of Person		Ar	ea Code & Daytin	ne Telephone N	Jumber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	lowing amo	unt:				
✓ \$25 Filing Fee		\$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.

Name of the limited liability company:	SOHI, LLC
2. (a) Principal office address of limited liability compan	y: 2240 Belleair Rd., STE 150
(Note: MUST BE STREET ADDRESS)	Clearwater, FL 33764
(b) Mailing address of limited liability company:	2240 Belleair Rd., STE 150
(Note: MAY BE POST OFFICE BOX)	Clearwater, FL 33764
June 2nd, 2004	L04000041693
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of States.
Registered Agent:	Cezary P. Gesior
Registered Office Address:	15500 ROOSEVELT BLVD., STE 102 CLEARWATER FL 33760 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	
NEW Registered Office Address:	2240 Belleair Rd.
(MUST BE FLORIDA STREET ADDRESS)	STE 150 Clearwater ,FL 33764
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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 Lezary P. Gesior Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the preand I am familiar with and accept the obligations of my portugater 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
address, I hereby confirm that the limited liability company	y has been notified in writing of this change.

Signature of Registered Agent