L04000004370/

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



500079678265

09/13/06--01022--009 **75.00

SECRETARY OF STATE
ALLAHASSEE TLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: H&J Med (Name of Lin	mited Liability Company)
Dear Sir or Madam:	*
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
James A Hughre Jr. (Name of Person)	, , , , , , , , , , , , , , , , , , ,
H&J Media Grou (Firm/Company)	SEP IN P IN IS AHASSES, FLORID, ST 1093
1025 S. Semoran BLI (Address)	JD ST 1093
Winter Park FL 3: (City/State and Zip Code)	2792
For further information concerning this matter	, please call:
James of Person)	at (321) 284 4066 (Area Code & Daytime Telephone Number)
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	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limited liability company is: H&J Media Group LLC.
podres	2. The mailing address of the limited liability company is: 1025 5 Senoral BLVD 100 Winter Park FL 32792
	()09/2004 L04000043701 3. Date of filing/registration in Florida 4. Document number
•	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
	Name 754 Antonette Ave Address
	6. The name and address of the new registered agent and/or office:
	1025 S. Semoran BLVD T0930
	Florida street address (P.O. Box NOT acceptable)
,	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)
•	Tames A. Hughes Tr. (Printed or typed name of signce)
	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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
	(Signature of Registered Agest) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00