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SECRETARY OF STATE

CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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FILED 2006 HAY 25 PH 2: 14 SECRETARSEE, FLORTEA

	Art of Inc. File LTD Partnership File
·	Foreign Corp. File
	L.C. File
	Fictitious Name File
• •	Trade/Service Mark
e:	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: //Y 5/25	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Traine Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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:	Hirsch Property Holdings 2, LLC	
2. The mailing address of the limited liability co	ompany is : 1213 Truman Avenu	e, Key West, FL 33040
August 2, 2004	L04000057057	·
3. Date of filing/registration in Florida	4. Document num	nber
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown of	on the records of the
Robert E. Highsmitt 3158 Northside Drive	Name	2006 HAY 25 PH 2: 14 SECRETARY OF STATE TALLAHASSEE, FLORID
Key West, FL 33040	Address State and Zip	HAY 25 PH 2: 14 ECRETARY OF STATE LLAHASSEE, FLORIDA
6. The name and address of the new registered ag	•	H 2: 11
James A. Nichols		Om F
522 Southard Street	Name	
Florida street address	s (P.O. Box NOT acceptable)	
Key West	FL 33040	
City, S	tate and Zip	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	nade, the Florida street address all be identical. Or, in the case change(s) was/were authorized or as otherwise provided in the y company.	of the registered office of a Florida limited d by an affirmative vote
Neal E. Hirsch		
(Printed or typed name of signee)		
I hereby accept the appointment as registered accomply with the provisions of all statules relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	gent and agree to act in this ca e to the proper and complete pe s of my position as registered a filed to merely reflect a change ty company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change.
see affact	hed original	

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

(Signature of Registered Agent)

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: Hirsch Property Holdings 2, LLC 2. The mailing address of the limited liability company is: 1213 Truman Avenue, Key West, FL 33040 L04000057057 August 2, 2004 4. Document number Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert E. Highsmith, Esq. 3158 Northside Drive Address Key West, FL 33040 City, State and Zip 6. The name and address of the new registered agent and/or office: James A. Nichols Name 522 Southard Street Florida street address (P.O. Box NOT acceptable) City, State 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) Neal E. Hirsch (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 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.

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

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(Signature of Region