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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Hugo Development UC.
(Name of Limited Liability Company)

ZOON DEC **9** A 10: 41

—SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Cornelius	HSCAUNE// Name of Person)	
	Hugo Dev	elopment Firm/Company)	
	2125 0	Alencia Rd (Address)	· · · · · · · · · · · · · · · · · · ·
		(Address) (Fl. 32803 (State and Zip Code)	
1	n concerning this matter, please		
Com	(Name of Person)	at (407) 595 (Area Code & Daytime	T—/22/ e Telephone Number)
Enclosed is a check for t	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

Florida Dept of State

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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: Hugo De velopment LLC
2. The mailing address of the limited liability company is: 2125 VAlencia Rd
Orlando, F1, 32803
Sept 22d 2004 L04000065566
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:
Kerneth R Scarberry By B 7
1931 Woodcrest Dr.
Name 1931 Woodcrest Dr. Address Winter land, Fl. 32792 City, State and Zip
6. The name and address of the new registered agent and/or office:
Cornilus H Scowell
Corneilus H Scowell Name Name Name Noterch Rd
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32803 City, State and Zip
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)
Corveilus H Schwell (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.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)