104000066917

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800122253818

04/07/08--01043--013 **25.00

2000 APR -7 PM 1: OE

T. CLINE

APR - 8 2008

EXAMINER

COVER LETTER

_	on of Corporations			
SUBJECT:	HAMILTON LANDING,	LLC		
	(Name of	Limited Liabilit	y Company)	
Dear Sir or M	ladam:			
The enclosed	Registered Agent/Registered	Office Change a	and fee(s) are submitted	d for filing.
Please return	all correspondence concerning	g this matter to t	he following:	
	•			
THEODOR	RE M. MOSES		_	
	(Name of Person)		-	
SMITH,.	MOSES, MORRIS & ASSOCI	ATES		
	(Firm/Company)		-	2008 TAL
1625 S.	E. 17TH STREET		_	2008 APR -7 PH 1: 06 SECRETARY OF STATE TALLAHASSEE, FLORID
	(Address)			7 PRY C
FT LAUD	DERDALE, FL 33316			F ST/
	(City/State and Zip Code)			O6
For further in	formation concerning this mat	tter, please call:		
THEODOR	RE M. MOSES	at (954	765–1006	
	(Name of Person)	(/	Area Code & Daytime	Telephone Number)
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
Enclo	sed is a check for the followi	ing amount:		
X \$25	5 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.

1. The name of the limit	ed liability company	is: HAMILTON LANDING, LL	С
2. The mailing address of	f the limited liability	company is: <u>1625 S.E. 17</u>	TH STREET
FT LAUDERDALE, FL	33316		
(4) 4 (4) (5)		L04000066	917
IANUARY 1, 2008 L0400006 3. Date of filing/registration in Florida 4. Document n			
5. The name of the regist Florida Department of		gistered office address as shown	on the records of the
·	MICHAEL W.	BROWN Name	-
	2710 N.E.	14TH STREET, #1	
		Address	•
	<u> </u>	ALE, FL 33304 ty, State and Zip	
6. The name and address	of the new registered	d agent and/or office:	2008 APR SECRET
	THEODORE M	. MOSES	R-7 R-7 HASS
	1625 S.E.	Name 17TH STREET	
	Florida street addı	ress (P.O. Box NOT acceptable)	PM 1: 0 F. STAT E. FLORI
	FT LAUDERDALE	, FL 33316	NIE RIDZ
	City	, State and Zip	
confirmed that after the cand the business office of liability company, it is he	hange or changes are the registered agent reby confirmed that nited liability compa of the limited liab	ed under the laws of the State of e made, the Florida street address will be identical. Or, in the case the change(s) was/were authorize my or as otherwise provided in the lity company.	of the registered office of a Florida limited ed by an affirmative vote
DOUGLAS A CHADWI (Printed or typed name of signee	CCK, MANAGER		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirn	intment as registerec is of all statules rela id accept the/obligat this document is bein i that the lipited liab	d agent and agree to act in this co tive to the proper and complete p tions of my position as registered ng filed to merely reflect a changa tility company has been notified i	apacity. I further agree to verformance of my duties, agent as provided for in e in the registered office in writing of this change.

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

(Signature of Registered Agent)