105000005359

	.==.	
(Red	questor's Name)	
(Add	dress)	
— (Add	dress)	
(City	//State/Zip/Phone	<i>∓</i> #)
PICK-UP	WAIT	MAIL
	siness Entity Nan	ne)
(Bus	siness Entity Man	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	iling Officer:	

Office Use Only



400061678904

12/02/05--01026--016 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
Enclosed is a check for the followin	ig amount:			
2661 Executive Center Circle Tallahassee, Florida 32301	Ta	llahassee, Florida 32314		
Clifton Building		O. Box 6327		
Registration Section Division of Corporations	Registration Section Division of Corporations			
STREET/COURIER ADDRESS:		AILING ADDRESS:		
(Name of Person)		(Area Code & Daytime	i elephone Nu	mber)
Frank O. Evans III	at (561	<u>630-1668</u>	<u>~ 1 1 </u>	• •
For further information concerning this matter	•		TE VIIIA	
(City/State and Zip Code)			EC -2 PM 12: 29 ETARY OF STATE HASSEE.FLORINA	
Jupiter, FL 33458			1 * 4 * **	
			2005 DEC -2 SECRETARY ALLAHASSE	23077 2
(Address)	***	,,,,	2005 SEC	
4050 Parkside Drive			·	
(Firm/Company)				
(Name of Person)				
Frank O. Evans III				
Please return all correspondence concerning	uns matter	o the following:		
		.,		
The enclosed Registered Agent/Registered C	Office Chang	e and fee(s) are submitte	d for filing.	
Dear Sir or Madam:				
(* ************************************		and company		
SUBJECT: Hitt & Evans Properties (Name of)		ility Company)		
Division of Corporations				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the State	ts the following	608.416 o g statement	r 608.508, Florida in order to change	Statutes, the its registered	unders I office	igned or reg	limited istered
1. The name of the limit	ed liability con	npany is: 上	litt & Evans Propert	ies, LLC			
2. The mailing address of	of the limited lia	ability com	pany is : 1209 Mai	n Street, Jupi	iter, FL	3345	8
·					 -	<u>-</u>	
1/18/2005			L05000	005359	···—		
3. Date of filing/registra	tion in Florida	·· ····	4. Docu	ment number			
5. The name of the regist Florida Department of	ered agent and 'State:	the register	red office address as	s shown on the	record	ls of the	e
	Frank O. I	Evans III					
		-	lame				
	10146 Stor			············			
	Boynton Be		ddress				
	BOYHUH BE		ate and Zip	 _			
6. The name and address	of the new reg	istered age	nt and/or office:		SECR	2005 D	725847 TOP
Frank O. Evans III		 	CRETARY OF	DEC -	Estimo manima f I		
Name				SEY -	ζ	Americal }	
	4050 Parkside Drive Florida street address (P.O. Box NOT acceptable)			. ان	7		
	Fiorida stree	et address (P.O. Box NOT acce	eptable)	STAT	ন্ত	in the
	Jupiter	·	FL 33458			29	
		City, Star	te and Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme	change or change of the registered ereby confirme mited liability of	ges are mad agent will d that the company or	le, the Florida street be identical. Or, in hange(s) was/were a r as otherwise provi	t address of the the case of a I authorized by a	e registe Florida an affir	ered of limited mative	i vote
Frank O. Evanly							
(Signature of a member or autho	rized representative	of a member)					
Frank O. Evans III (Printed or typed name of signee)	<u> </u>					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as reg ns of all statute ad accept the o this document n that the limite	istered age es relative t bligations d is being file ed liability	nt and agree to act o the proper and co of my position as re ed to merely reflect company has been r	in this capacit mplete perfori gistered agent a change in th notified in writ	y. I fur nance o as prov e regist ing of t	ther ag of my d vided fo tered o his cha	ree to uties, or in ffice inge.
(Signature of Registered Agent)							

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