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SECRETARY OF STATE
AND SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: H+R GROUP, L (Name of Limited)	Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
MARGARET L. Hutter (Name of Person)	<u>.                                    </u>		
HuttER AND Rutstein (Firm/Company)			
114 Circuit Rd. (Address)			
NOKOM 15, FC 34275 (City/State and Zip Code)	<del></del>		
For further information concerning this matter, please call:			
MARCHRET C. Huffer at (9) (Name of Person)	(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		

## 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:	1+R GROUP, LCC
2. The mailing address of the limited liability company i	
Flowers, Longboat Key F	
Javuary 31, 2005  3. Date of filing/registration in Florida	
5. The name of the registered agent and the registered off Florida Department of State:	T. EIIE he Menes D 203
6. The name and address of the new registered agent and  MARGARET L.  Name  If Circuit Re  Florida street address (P.O. E.	Hutter SEE. FLORIDA SSEE. FLORIDA SSEE. FLORIDA SSEE. FLORIDA
No Komi 5 FL City, State and	34375 Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited
(Signature of a member or authorized representative of a member)  MARCARET L. Hutter  (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent)	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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