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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B JAN 10 AM 10:

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Sec Division of Cor			
SUBJECT:	HJ ACC	QUISITIONS LLC	
	(Name of L	imited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
		JENS	
	•	(Name of Person)	
		(Firm/Company)	
	100 LAKE LO	(Address)	8 JAH FEOT
	\$1101.110	(Address) E10.11 32579	OB JAN 10 AM 10: 18 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	(City	FLORIDA 3Z579 (State and Zip Code)	E FLO
For further information c	oncerning this matter, please	call:	AND BE
<u> </u>	ISTI JENS	at (<u>850</u>) <u>585</u> (Area Code & Daytim	-9520
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the	following amount:		
√\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpora	n

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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: HJ ACQUISITIONS LLC
2. The mailing address of the limited liability company is: 100 LAKE LORANE CIRCLE.
SHALIMAR, FLORIDA 32579
MARCH 3, 2005 LOS 0000 21623
MARCH 3, 2005 3. Date of filing/registration in Florida Los 0000 Z 16 Z 3 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:
HAMILTON E. HOWT JR Name 5100 WEST ICENNION BLUD, SUITE ZZS Address TAMPA, FLORIDA 33609 City, State and Zip
SIOD WEST KENNEDY BLUD, SUITE ZZS
Address 32109
City, State and Zip
Address TAMPA, FLORIDA 33609 City, State and Zip 6. The name and address of the new registered agent and/or office: KRISTI JENS Name 10C LAKE LORAINE CIRCLE Florida street address (P.O. Box NOT acceptable)
Name KRISTI JENS Name Egg 5
Name 100 LAKE LORAINE CIRCLE 100 LAKE LORAINE CIRCLE
Florida street address (P.O. Box NOT acceptable)
SHALIMAR, FL 32579
SHALIMAR, FL 32579 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)
KRISTI JENS
(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

FILING FEE: \$25.00