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J. SAULSBERRY EXAMINER

MAY 1 2012

COVER LETTER

SUBJECT: Name of Corporation DOCUMENT NUMBER: O SOOO S3 9 50 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alusa Henry Show of Contact Person Firm/Company 3290 W SH 46 Address City/State and Zip Code Aluncy Show of Contact Person E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Alusa Henry Show of Contact Person Area Code & Daytime Telephone Number	TO: Amendment Section Division of Corporations
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Alysa Henry Change of Contact Person Address San Grad FL 32771 City/State and Zip Code Ahenry Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter, please call: Alussa Henry at August 19676 Alussa Henry Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter, please call: Alussa Henry Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter, please call: Alussa Henry Change of Contact Person Alussa Henr	SUBJECT: HUD-EIGHT, LLC Name of Corporation
Please return all correspondence concerning this matter to the following: Alyssa Henry Contact Person The Show of Contact Person Firm/Company 3290 W SR + 46 Address City/State and Zip Code Alenry Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alussa Henry Company at (AUT), 708-5676	DOCUMENT NUMBER: (100000539)
Alyssa Henry Name of Contact Person) Hodson S Funture Showroum, INC Firm/Company 3290 M SR # 46 Address City/State and Zip Code City/State and Zip Code Abenry Chydson Studies (Code) City/State and Zip Code Abenry Code (Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alyssa Henry Code (A) 708 5676	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Hudson S Funture Showroum, INC 3290 W SR 46 Address City/State and Zip Code Ahenry Whydson Styrn ture (OFF) 38 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALUSSA Henry at (407), 708 5676	Please return all correspondence concerning this matter to the following:
Hudson S Funture Showroum, INC 3290 W SR 46 Address City/State and Zip Code Ahenry Whydson Styrn ture (OFF) 38 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALUSSA Henry at (407), 708 5676	Alyssa Henry
3290 W SR 46 Address San For J.	Hudson's Furniture Showroum, INC
Address San for PL 3277 SSR 38 SSR	and the second s
San for FL 3277 See See See See See See See See See S	3290 W J R + 16
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALUSSA Hend at (407), 708-5676	Sanford FL 32771 City/State and Zip Code
Alussa Henn at (407, 708 5656	ahenry Whydsonstumiture. (com &
\mathcal{I}	Alussa Henn at (407, 708 5656

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the undersigned limited to change its registered office or registered	
1. Name of the limited liability company: 1.	IGHT, LLC	
2. (a) Principal office address of limited liability company	3290WSR#46	
(Note: MUST BE STREET ADDRESS)	Sanford FL 32771	
(b) Mailing address of limited liability company:	3290WSR#46	
(Note: MAY BE POST OFFICE BOX)	Santord FL 32771	
5-31-05	LO5000053950	
3. Date of filing/registration in Florida	1. Document number	
5. (a) Registered Agent and Registered Office shown on the	<u> </u>	
Registered Agent:	Palmetto Charter Services, INC	
Registered Office Address:	Daytona Beach FL 32114	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	1)	
NEW Registered Agent:	HUDSONS, FURNITURESHOW/OOM,	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sanford FL 32771	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is the eby confirmed that the change(s) of the membere of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province of any post chapter 608 f. S. Or, if this document is being filed to mer address, I hereby donfirm that the limited liability company Signature of teastered Agent Division of Corporations, P.O. Box 632	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization was received the complete performance of my duties, ition as registered agent as provided for in left reflect a change in the registered office has been notified in writing of this change.	
FILING FEE: \$25.00		