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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE. FLORIDA

C. LEWIS

JUN 1 9 2009

EXAMINER

COVER LETTER

A Company	TO: Registration Section Division of Corporations			
	SUBJECT: HUD SEVENTE Name of Limited L	EN iability Company		
	Dear Sir or Madam:			
	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
•	Please return all correspondence concerning this matter to the following:			
	Fred Hudson Năme of Person			
	Hodson's Funture			
	3290 West State Road #46)		
	Sanford FL 32771 City/State and Zip Code	·		
	E-mail address (to be used for future annual report notification)	<u>m</u>		
For further information concerning this matter, please call:				
Fred Hudon at 407, 708-5656 Name of Pepson at 407, 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		

INHS18 (5/08)

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. Name of the limited liability company:

2. (a) Principal office address of limited liability company:

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3290 West State Road #46

Santord FL 32771

LD5000106313

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Agent:

Registered Office Address:

Day tona / Beach FL 321)4

(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>:

NEW Registered Agent:

NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

3290 West State Rd #46

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

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 have by 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

SSEE FLORID

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