## L05000109778

(Re	questor's Name)	
(10		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
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T. HAMPTON

FEB 2 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HUDSON A (Nam	VE, LLC e of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
RITA AK BASLI (Name of Person)	- Andreade-	
HUDSON AVE. L (Firm/Company)	LC	
1023 BOCA COVE (Address)	LANE	
HIGHLAND BEACH (City/State and Zip Code)	, FL. 33487	
For further information concerning this m	atter, please call:	
RITA AKBASLI (Name of Person)	at (561) 866-1396 (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. Name of the limited liability company: HUDSO	N AVENUE LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	Y: 1023 BOCA COVE LANE HIGHLAND BEACH, FL. 33487
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
FeB, 15, 2009  3. Date of filing/registration in Florida	L05000109778  4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	SEYHAN AKBASLÍ
Registered Office Address:	1023 BOCA COVE LANE HIGHLAND BEACH, FL. 33487
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	· · · · · · · · · · · · · · · · · · ·
NEW Registered Agent:	ALBANY FERNANDES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SAME AS AROVE
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.    Company	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registored Regist)  Division of Corporations, P.O. Box	8 NE - OFF -
FILING FEE	:: \$25.00