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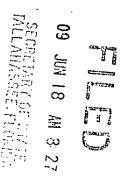
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S. HAWKES
JUN 1 9 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HUDTWENTY Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
Fred Hudson			
Hudson's Funture	<u></u>		
3290 West State Rd #.	46		
Sanford FL 32771 City/State and Zip Code			
E-mail address to be used for future annual report notification	(6M)		
For further information concerning this matter, please call:			
Fred Hoson at (2)	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. liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	IWENTY
2. (a) Principal office address of limited liability compar	329D West State Row HAG
	Sanford PL 32771
(b) Mailing address of limited liability company:	200 1114
(Note: MAY BE POST OFFICE BOX)	5290 West State Kind #41000 Senford FL32771
11-15-2005	LOSO00110771
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Palmotto Charter Services, INC
Registered Office Address:	(SD Magnolia Ave Daytona Beach FL 32114
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Fred Hidson 3290 West State Rd #46
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
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 p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress. I hereby confirm that the limited liability compared Signature of Registered Security	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.
Division of Corporations, P.O. Box 6 FILING FEE:	