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(Requestor's Name)
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COVER LETTER

Division of Corporations	
SUBJECT: Hayden Holding LLC Name of Limited Liability Company	
Dear Sir or Madam:	
The analoged Registered Agent/Registered Office Change and foc(s) are submitted foofiling.	7
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing 2	Calcas Target As
Please return all correspondence concerning this matter to the following:	
D-can Camen	ML-43
Name of Person	٠
Hayden Holding LLC/I-MAX Realty Group Firm/Company	
5589 Oktechobee Blud Address	
Suite # 203, West Palm Bd. A 33417 City/State and Zip Code	
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dean Cameron at (561) 818-6125	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\text{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: 14 5589 Okerchiber Blue 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) L0600001 of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Depty of Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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

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

Printed or typed name of signed