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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

COVER	LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Eeic Hoening Krac (Name of Lim	SSING LLC ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ERIC HOEMING	
(Name of Person)	
ERICHORNYL KARSTORA LLC	<u>. </u>
(Firm/Company)	
2410 USST STATES DRIVE	
(Address)	
City/State and Zip Code)	
For further information concerning this matter, p	please call:
Eerc Hoening at	(813) 629.6329
(Name of Person)	(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 a	mount:
\$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. The name of the limit	name of the limited liability company is: ERIC HOENING RESU ESTATE, LLC				
2. The mailing address of					
	33629	, ,			
			1 5	•	
3/66	411		<u> </u>		
3. Date of filing/registra	tion in Fiorida		4. Document nu	imber	
5. The name of the regist Florida Department of		egistered offi	ce address as shown	on the records of the	
1 1011au Department of		rدده ۷۶۵ Name	.hc.	_	
	•	Name	~		
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	6	Address し、 て なしつ	lG.	声 5	
	- 11245 C	ity, State and	Sip	OB JAN 11 SECRETAR TALLAHAS	
6. The name and address				ASSI	
	E 11.			RY OF STAT	
	Eric Ho	JAINSO		- 1007	
	SXIO WEST	Sunss?	Pars	ATE RIDE	
	Florida street add	ress (P.O. Bo	x NOT acceptable)	Þ.	
`	Donal	FL	33629		
		y, State and Z			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	change or changes are f the registered agent ereby confirmed that	e made, the F t will be iden the change(s	lorida street address tical. Or, in the case) was/were authoriz	Florida, it is hereby sof the registered office e of a Florida limited ed by an affirmative vote ne articles of organization	
(Signature of a member or author	ized representative of a me	ember)	_		
•		,		·	
(Printed or typed name of signee	ine		_		
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 808, F.S. Or, if address, Thereby confirm	•	d agent and a tive to the pr ions of my po ng filed to me vility compan	gree to act in this coper and complete p sition as registered rely reflect a chang y has been notified i	apacity. I further agree to berformance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00