L06000051131

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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SECRETARY OF STATE
AND AHASSEE, FLORID

COVER LETTER

Division of Corporations		
SUBJECT: HS Property (Name of Limited)	Man Agement LLC Liability 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:		
Jinnie L. Wisham (Name of Person)		
H.S. Property Management LCC (Firm/Company)		
622 E Lunsden Rd (Address)		
Brandon FL 33511-6524 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tinnie Wisham at (813) 689-2300 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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

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 limited liability company is: 2. The mailing address of the limited liability company is: 12008 E MArtin 4, SEFFNER FL 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: City, State and Zip 6. The name and address of the new registered agent and/or office:

·Wislam

Florida street address (P.O. Box NOT acceptable)

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 riability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized roplesentative 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 auties, 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.

innie L. Wisham

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00