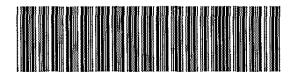
## L060000 68117

(Re	questor's Name)	<u> </u>
(Ad	dress)	·
(Ad	ldress)	
(Cit	ty/State/Zip/Phono	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		9.2

Office Use Only



100079985281

09/21/06--01012--013 \*\*25.00

SECHETARE OF STATE

## COVER LETTER

Division of Corporations			
SUBJECT: H&H Small Business Solution	ns, LLC		_
(Name of Li	mited Liabi	lity Company)	_
Dear Sir or Madam:		, s	•
The enclosed Registered Agent/Registered Of	fice Change	e and fee(s) are submitted for fi	ling.
Please return all correspondence concerning the	J		J
Connut Hatablian		• •	OF SEP 21 MID: 54
Sonny L. Hotchkiss (Name of Person)		_	10000000000000000000000000000000000000
H&H Small Business Solutions, LLC (Firm/Company)	· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>	STATE OF THE PARTY
200 4th Ave S., Unit #406		·	٠
Saint Petersburg, FL 33701 (City/State and Zip Code)			
For further information concerning this matter	, please cal	1:	
	at ( <u>727</u>	612-7200	
(Name of Person)		(Area Code & Daytime Telepl	ione 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:	,	
<b>✓</b> \$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 limited liability company is: H&H Small Business Solutions, LLC 2. The mailing address of the limited liability company is: 5027 18th Ave N

Saint Petersburg, FL 33710 7/10/2006 L06000068117 3. Date of filing/registration in Florida Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Sonny L. Hotchkiss Name 5027 18th Ave N Address Saint Petersburg, FL 33710 City, State and Zip

6. The name and address of the new registered agent and/or office:

Sonny L. Hotchkiss Name

200 4th Ave S., Unit #406

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

Saint Petersburg 33701

City, State and Zip

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)

Sonny L. Hotchkiss

(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 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)

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