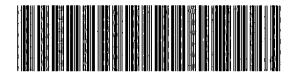
L06000/15366

(D-			
, (Re	questor's Name)		
(Ad	dress)		
	•		
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(D.			
(Bu	siness Entity Na	me)	
(Do	cument Number)	
Certified Copies	Certificate	s of Status	
	Filtra - 0#1		
Special Instructions to	Filing Officer:		
		1	





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PILLED STATE
SEVENIARY OF STATE
SEVENIARY OF CORPORATIONS
ON MAY -5 PM 4: 03

J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

•	<u>ر</u>	₹ .		
TO:	Registration Section Division of Corporations			
SUBJ	ECT: HONE XP 5 L (Name of Limited	Liability Company)		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	natter to the following:		
	JWARKEN HOBHES, T	<u>RES.</u>		
	DYNAMIC FUVESTMENTS, (Firm/Company)	TNC	08 MAY -5	SECRETAL STATES OF
	PO BOX 281		PM 4:	CORPO
e	(Address) (Address) (Address) (Address) (Address) (City/State and Zip Code)	7-028/	↓ : 03	RATIONS
For fu	rther information concerning this matter, ple	ase call:		
<u>J</u>	(Name of Person) at (737 <u>58/- 9003 or 937- 4/2</u> (Area Code & Daytime Telephone	/3 <i>3</i> / Num	3338 (ber)
	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 & 608.508, Florida Statutes, liability company submits the following statement in order to change its registe agent, or both, in the State of Florida.	the undersigned limited ered office or registered			
1. The name of the limited liability company is: \\\\ \ \ \ \ \ \ \ \ \ \ \ \	<u>'C</u> .			
2. The mailing address of the limited liability company is : 20 Box o	<i>381</i>			
CIEARWATER, FL 33757-028/				
, , , , ,	115366			
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent and the registered office address as shown on Florida Department of State: LOND DIRECT AGENTS FUC	the records of the			
SIS FDAN MEANSE				
Address TAIIAH-ASSEE, F132301	SECRE SAVISION OR HAY			
6. The name and address of the new registered agent and/or office:	of C			
TWARKEN HUGHES Name Standard Street address (P.O. Box NOT acceptable)	PH 4: 03			
CLEARWATER FL 33756				
City, State and Zip				
If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the sorthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member)	f the registered office			
ERMA EVERSOLE				
(Printed or typed name of signee)				
I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, hereby confirm that the limited liability company has been notified in v	icity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.			
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (8/05)