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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hyperion Name of Limite	Holdings LLC ed Liability (Ompany)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	matter to the following:	
Christina Valendo (Name of Person)		
Hyperion Holdings (Firm/Company)	LC Zee Zee	
12345 SW 1518T Apt 1	IMAY -9 LAHASSE	I Comment
Miami, Fl 33186 (City/State and Zip Code)	PH 12: 27 OF STATE OF, FLORIDA	
For further information concerning this matter, ple	ease call:	
Christina Valendo at (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 am	ount:	
\$25 Filing Fee	S55 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: _	Hyperion Holdings LLC
2. The mailing address of the limited liability com	17
Apt. 109 Miami, FL	33186
12 Jan 07	LØ7000005202
3. Date of filing/registration in Florida	4. Document number
<u>8331 SW</u> Miami A	Proceed office address as shown on the records of the Name 140 CT ddress FL 33183 tate and Zip
6. The name and address of the new registered ages	
12345 SW 151	ST Apt. 111
·	P.O. Box NOT acceptable) FL 33186 ARE THE TREE TREE TO THE PROPERTY OF THE P
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clost the members of the limited liability company or the operating agreement of the limited liability of the lia	der the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization company.
comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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

(Signature of Registered Agent)