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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACH Hawn 2425, UC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Name of Person)		
Home Quality Uunugeme	ut. Inc.	
P. O. Box 31809 (Address)		
Palm Beach Gardens, FL. (City/State and Zip Code)	<u>33420</u>	
For further information concerning this matter, please call:		
(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 amount:		
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

company submits the following statement in order to chain the State of Florida.	nge its registered office or registered agent, or both,
1. Name of the limited liability company:	ht Haven 2425, UC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 4225 East Main Street Supiter, FL 32458
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 31809 Palm Beach Gordens 17137420
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of States
Registered Agent:	Siobaughn Sheldon # T
Registered Office Address:	Palm Deach Gardens II 33110
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4775 Fast Main Street Typiter ,FL 33458
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	at address of the registered office and the business ase of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	_
Paul Walczak (Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the program familiar with and accept the obligations of my position F.S. Of, if this document is being filed to merely reflect a confirm that the limited travilly company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby in writing of this change.
(Signature of Registered Agent)	6227 Tollohossoo El 22214
Division of Corporations, P.O. Box	052/, Tahanassee, FL 52514

FILING FEE: \$25.00

INHS18 (05/08)