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(((H13000185216 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 Phone : (239)344-1100

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE HILLIARD BROTHERS MANAGEMENT, LLC

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---J. SAULSBERRY **EXAMINER**

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FAX AUDIT NO.: H13000185216 3

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. Name of the limited liability company: HILLIARD BROTHE	RS MANAGEMENT, LLC	
2. (a) Principal office address of limited liability company: 5500 FLAGHOLE ROAD		
(Note: MUST BE STREET ADDRESS)	CLEWISTON, FL 33440	
		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5500 FLAGHOLE ROAD	
	CLEWISTON, FL 33440	
		
05/30/2007	L07000057189	
3. Date of filing/registration in Florida	4. Document number	
		7
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida D	ept. of State:
Registered Agent:	CORPDIRECT AGENTS, INC.	<u> </u>
Davis	4200 COLUTE DINE ISLAND BOAD	7., 5
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	- 2 ·
		771-7
		330
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office addre	
NEW Registered Agent:	HF REGISTERED AGENTS, LLC	· 05
NEW Registered Office Address:	1715 MONROE STREET	
(MUST BE FLORIDA STREET ADDRESS)	FORT MYERS	.FL 33901
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise operating agreement of the limited liability company.	Florida street address of the ratical. Or, in the case of a Floris) was/were authorized by an wise provided in the articles of	egistered office orida limited affirmative vote of
The state of the s		
Signature of member or authorized representative of a member		
GUY E. WHITESMAN, AUTHORIZED REPRESENTATIVE		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pant I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compand.	agree to act in this capacity. proper and complete performa position as registered agent as nerely reflect a change in the i my has been notified in writin	I further agree to nee of my duties, provided for in registered office g of this change.
Signature of Registered Agent GUY E. WHITSOMAN, VICE PR	ESIDENT	
Division of Corporations, P.O. Box 6		

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