FILED Apr 03, 2008 8:00 am Secretary of State

CR2E083 (12/06)

	LIABILITY COMPA	ANY	Secretary of Sta			
DOCUMENT # L0700 I. Entity Name HENDRIX STREET PROPER			04-03-2008 90070 024 ***138			
Principal Place of Business 35 ATLANTIC DRIVE KEY LARGO, FL 33037	Mailing Address P.O. BOX 1509 KEY LARGO, FL 33037		60019256			

03052008

Chg-LLC

3. Mailing Address

Suite, Apt. #, etc.

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State	9		City & State			4. FEI Numbe	er .			olied For Applicable	
Zip	Co	buntry	Zip	Coun	5. Certificate of Status Desired				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C. Halling this Addition of General Registeres Agent				Name							
GRAY, THOMAS C 35 ATLANTIC DRIVE KEY LARGO, FL 33037				Street Address (P.O. Box Number is Not Acceptable)							
					City				Zip Code		
					City			FL	Zip Coce	' I	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE .	Signature, typed or print	ted name of registered agent a	nd stle d applicable. (NO)	E: Registere	d Agent signature requ	ired when reinstating)		DATE			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State								
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGR	• • • • • • • • • • • • • • • • • • • •	☐ Delete	TITL	E				☐ Change	Addition	
NAME	GRAY, THOM	AS	Delete	NAM							
STREET ADDRESS	P.O. BOX 150				ET ADDRESS						
CITY-ST-ZIP	KEY LARGO.				-ST-ZIP						
TETLE	2		☐ Delete	TITL	F				☐ Change	☐ Addition	
NAME	7 P.		C Delete	NAM	- !				onango		
STREET ADDRESS				STRI	ET ADDRESS						
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STREET ADDRESS				STR	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
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STREET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Defete	TITE	F				☐ Change	☐ Addition	
NAME				NAM	1						
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CITY-ST-ZIP				CITY	-ST-ZIP				•		
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
NAME				NAN				•		_	
MIRÉET ADDRESS				STR	EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											