

LO7000086417

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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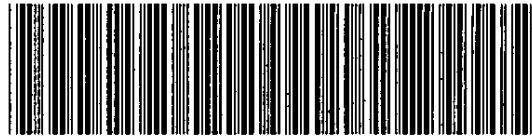
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TALLAHASSEE, FLORIDA

D. BRUCE

AUG 22 2008

EXAMINER

PROSKAUER ROSE LLP

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Suite 340 West
Boca Raton, FL 33431-7360
Telephone 561.241.7400
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Elena Belden, FRP
Fiduciary Administrator

Direct Dial 561.995.4724
ebelden@proskauer.com

August 15, 2008

By Certified Mail – RRR

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

**Re: Hochman Holdings LLC
Hochman Investments LLLP**

Dear Representative:

Enclosed are the following documents for filing:

1. Limited Partnership or Limited Liability Partnership Statement of Change of Registered Office or Registered Agent, or Both for Hochman Investments LLLP; and
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Hochman Holdings LLC.

Copies of the documents are also enclosed. Please date stamp the copies as confirmation of receipt and filing and return them to our office in the envelope provided.

Our firm's checks in the amounts of \$35 and \$25, respectively, representing payment in full for the filing fees, are also enclosed.

Thank you for your assistance. Please feel free to contact our office if you have questions or need further information.

Very truly yours,



Elena Belden, FRP
Fiduciary Administrator

enclosures

cc: Scott Goldberger, Esq. (w/o enclosures)

FILED
08 AUG 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Hochman Holdings LLC
2. (a) Principal office address of limited liability company: 200 E. 69th Street, Apt. 8M
(Note: **MUST BE STREET ADDRESS**) New York, NY 10021
- (b) Mailing address of limited liability company: Same
(Note: **MAY BE POST OFFICE BOX**)

- 8/22/2007 L07000086417
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 State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: David Haver

NEW Registered Office Address: 16520 Senterra Drive
(**MUST BE FLORIDA STREET ADDRESS**) Delray Beach, FL 33484

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Barbara M. Hochman
(Signature of a member or authorized representative of a member)

Barbara M. Hochman, as Trustee of the Barbara M. Hochman Revocable Trust Agreement
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
(Signature of Registered Agent)

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

COPY

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: David Haver

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Barbara M. Hochman
(Signature of a member or authorized representative of a member)

Barbara M. Hochman, as Trustee of the Barbara M. Hochman Revocable Trust Agreement
(Printed or typed name of signee)

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By: [Signature]
(Signature of Registered Agent)

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FILING FEE: \$25.00