L07000/02714

(Requestor's Name)		
,		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. HAMPTON
MAR 1 6 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Howtere 1 (Name of	LLC f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
JAMES F WEAR (Name of Person)	<u>. </u>	
(Firm/Company)		
8767 The Esplanade (Address)	440	
ORLANDO FL 32836 (City/State and Zip Code))	
For further information concerning this matter, please call:		
Name of Person)	at (<u>407</u>) <u>376 4241</u> (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	g amount:	
☑ \$25 Filing Fee	☐ \$55 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.

He at	4 110
1. Name of the limited liability company: Howke	er I CCC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 8767 The Esplanade #40 ORLANDO FL 32836
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
3. Date of filing/registration in Florida	L07000102714 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JAMES E. WEAR
Registered Office Address:	8767 The ESPIANA do 440 ORLANDO FL 32836
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Kevin D. WEAR
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8767 The Esplana de \$40 Orlando FL
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signific of a member or authorized representative of a member)	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business case of a Florida limited liability company, it is
Thrus C. Wear. (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 part familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.
(Signature of Registered Agent)	99

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