L07000 103304

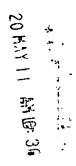
(Re	equestor's Name)	-		
(Ac	ddress)			
·	·			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
				
(Bu	usiness Entity Name	e)		
(Do	ocument Number)			
Cartified Coning	Cortificator	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
,				

Office Use Only



800344246738

05/11/20--01018--007 **25.00



DIN SOUTH

COVER LETTER

TO:	Registration Section Division of Corporations		**	
SUBJ	McHardy Investments LLC ECT:			To May 1 To
		Name of Limited I	Liability Company	
Dear :	Sir or Madam:			To the second
The en	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	<i>3.0</i> 2.
Please	return all correspondence concernin	g this matter to the		
Kraig	McHardy			
	Name of Person			
Who C	lot Game			
	Firm/Company	· · · · · · · · · · · · · · · · · · ·		
2053 \$	SE Avon Park Drive			
	Address		_	
Port S	t. Lucie Florida 34952			
	City/State and Zip Co	de	_	
kmcha	rdy@whogotgame.org			
	E-mail address: (to be used for future	annual report noti	fication)	
For fu	rther information concerning this ma	tter, please call:		
Kraig	McHardy	772 at (2012238	
	Name of Person		Area Code & Daytime Telephone Num	ber
	Mailing Address: Registration Section		Street Address:	
	Division of Corporations		Registration Section Division of Corporations	
	P.O. Box 6327		The Centre of Tallahassee	
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	ving amount:		
	■ \$25 Filing Fee	□ \$	555 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 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: McHardy Investi	ments LLA	<u> </u>	
2. (a)		ſ	b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5772 SE 47th Avenue		2879 SI	E Ocean Blvd
	Port Salemo Fl. 34994		Stuart, I	F1. 34996
	10/10/2007		L070001	03304
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of Anderson, William DJR	f the Florid	la Dept. of S	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u></u>	
	2879 SE Ocean Blvd			
	Stuart F	L_34992	·_·_	20 MAY 11 SA 18: 36
6 (b)	Enter name of NEW Registered Agent and/or NEW Registered		d d === = = = = = = = = = = = = = = = =	
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office a	<u>aaress</u> :	
	Kraig McHardy			
	NEW Registered Office Address:			<u> </u>
	2053 SE Avon Park Drive			
	Pt. St. Lucie	L 34952		
change agent was/w the art Signa I here provis the obto mer	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leaves authorized by an affirmative vote of the members icles of organization or the operating agreement of the united of a member or authorized representative of a member by accept the appointment as registered agent and assions of all statutes relative to the proper and completely reflect a change in the registered office address, and in writing of this change.	te registe liability of the line e limited	red office ompany, nited liab liability of	and the business office of the registered it is hereby confirmed that the change(s) will be company or as otherwise provided in company. Printed or typed name of signee to comply with the