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## LLC REGISTERED AGENT CHANGE HARDY BURRIS, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

N. Cuttigan MAY \_ 4 2011

## 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:	Hardy Burris LLC		
2. (a) Principal office address of limited liability comp	any: 810 NE 20th Ave		
(Note; MUST BE STREET ADDRESS)	Fort Lauderdale: Ft 33304		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
12/28/2007	L07000127979		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of			
Registered Agent:	Raymond Parker		
Registered Office Address:	810 NE 20th Ave		
•	Fort Lauderdale, FL 33304		
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:		
NEW Registered Agent:	CT Corporation System		
NEW Registered Office Address:	1200 South Pine Island Road		
MÜST BE FLORIDA STREET ADDRESS)	Plantation FL33324		
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 of the members of the limited liability company or as other than the operating agreement of the limited liability company.  Signature of member or authorized representative of a member Raymond Parker	e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization my.		
Printed or typed mane of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the f and I am familiar with and accept the obligations of my f Chapter 608, F.S. Or, if this accument is being filed to n address, I hereby confirm that the limited liability compa	agree to got in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reliect a change in the registered affice my has been notified in writing of this change, beta A. Burke		
	asistant Secretary		

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