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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HAMMER INNOVATIONS (Name of Line)	S LLC nited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
James Hammer (Name of Person)			
(Name of Person)			
HAMMER INNOVATIONS LLC (Firm/Company)			
1917 Redbridge Dr			
(Address)			
Brandon, FL 33511			
(City/State and Zip Code)			
For further information concerning this matter,	, please call:		
James Hammer	at (813)651-2341		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
✓ \$25 Filing Fac	S55 Filing Fee & Certified Conv		

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. The name of the limit	ed liability compa	any is: HAMMER INN	NOVATIONS LLC			
2. The mailing address o	of the limited liabi	ility company is : <u>19</u>	17 Redbridge Dr E	3randon, FL 335	<u>511</u>	
01/23/2008			_08000008244			
3. Date of filing/registration in Florida		4	4. Document number			
5. The name of the regist Florida Department of		-	ddress as shown on t	he records of the		
		Name	·			
	205 Tidal Ln u					
	.	Address				
	Bradenton, FL	City, State and Zip		20 TA		
C 771 1 1 1 1	0.1	•	~		emilia)	
6. The name and address	of the new registe	ered agent and/or of	fice:		i j	
	James Hamr	mer		2000 HAY 12 SECRETAR'		
		Name			M	
	1917 Redbridge			PH S		
	Florida street a	iddress (P.O. Box No	OT acceptable)	SIA: 3:		
	Brandon	FI. 33511		D/2 0		
	(City, State and Zip		***************		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement	change or changes of the registered ag ereby confirmed the nited liability con	s are made, the Florion gent will be identical that the change(s) was nown pany or as otherwise	da street address of the case of a street address of a street authorized by	he registered offi a Florida limited y an affirmative v	ote	
(Signature of a member or author	ized representative of a	a member)				
James Hammer						
(Printed or typed name of signec)					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registe is of all statutes r ad accept the oblis this document is l a that the limited l	ered agent and agree relative to the proper gations of my positio being filed to merely liability company ha	e to act in this capac · and complete perfo on as registered ager reflect a change in t s been notified in wr	ity. I further agr rmance of my du it as provided for the registered off iting of this chan	ee to ties, in ice ige.	
(Signature of Registered Agent)	\				•	
Divisio	on of Corporatio	ons. P.O. Rox 6327	Tallahassee, FL 32	2314		

FILING FEE: \$25.00