L08000042343

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
•	(Business Entity Name)
·	(Document Number)
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EXAMINER



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2008 JUL 22 P 4: 12
SECRETARY OF STATE
ALL AHASSEE, FLORINA

	. COVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: H & M SmartHomes	s, LLC Name of Limited Liability Company)		•
Dear Sir or Madam:			
The enclosed Registered Agent/Regist	ered Office Change and fee(s) are submitted for fil	ing.	
Please return all correspondence conce	erning this matter to the following:		
Sean Kelley, Esq.			
(Name of Person)			
Kelley & Corneal, P.L. (Firm/Company)			
(Time Company)		TALL, SEC	
904 Anastasia Blvd.		CARE D	
(Address)		UL 22 F	******
St. Augustine, FL 32080			m
(City/State and Zip Code)	()	P 4: 12 FSTATE FI OBIO	O
For further information concerning this	s matter, please call:	> N	
Sean Kelley	at (904) 819-9706		
(Name of Person)	(Area Code & Daytime Telephone Nu	mber)	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the fo	ollowing 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.

1. Nar	ne of the limited liability company: H & M Sma	rthomes, LLC		Đ
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 741 A1A Beach Blvd. St Augustine, FL 32080		23 B
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above		B
April 28	8, 2008	L08000042343		
3. Dat	e 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:	Ty Morgan	三百三三	
	Registered Office Address:	721 A1A Beach Blvd. Suite 8	22 SSEE	Ħ
		St. Augustine, FL 32080		5
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office add	DRIFT 12	
	NEW Registered Agent:	James Hays		•
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		741 A1A Beach Blvd.		
		St. Augustine	,FL <u>32080</u>	
that af office hereby liabilit limited	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized y company or as otherwise provided in the articles of liability company.	et address of the registered	d office and the busines	SS
	or typed name of signee)			
I here comply am fan F.S. C confin	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pr niliar with and accept the obligations of my position or, if this document is being filed to merely reflect a m that the limited liability company has been notifie	agree to act in this capaci oper and complete perfor a as registered agent as pr change in the registered of d in writing of this change	ty. I further agree to mance of my duties, an ovided for in Chapter o Iffice address, I hereby 2.	nd I 608,
	me Nays			
(<i>อ</i> าซิบอุเ	re of Registered Agent)			

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