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(Re	equestor's Name)		
(Address)		<u> </u>	
(Address)			
(Cit	ty/State/Zip/Phone	e #) .	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

MAY 3 0 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TECT: Hagan C	Graphic Assets. Limited Liability Company	رد
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitte	d for filing.
Please	e return all correspondence concerning t	his matter to the following:	
	John Hagan Name of Person		72
	Hagan Graphiz As	ssets uc	ZBIZMAY 29 AM 9: SECRETARY OF STA ALLAHASSEE, FLOR
	10220 Herritage Bon	4 Burd = 311	AM 9:52 UF STATE UF LORIDA
	Naples Free: da City/State and Zip Code	34120	
E	Thagan 1@ wind	stream. net.	
For fu	orther information concerning this matte	r, please call:	
	John Hagan Name of Person	at (<u>239</u>) <u>331</u> 42 7 Area Code & Daytime Telepho	77 , one 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	d 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. Name of the limited liability company:Hagan	Genthic Assets uc
2. (a) Principal office address of limited liability company	: 10220 Heritage Bay BIVd
(Note: MUST BE STREET ADDRESS)	#311 Naples Florida 34120
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	same above
5/27/2008	L080000 51935
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	<u>Corporation</u> SErvice Compan
Registered Office Address:	1201 Hays Street
	TAUAhassee FL. 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	John Hagan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10220 Heritage Bay Blvd. Na 01es ,FL 34120
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of member or authorized representative of a member Thereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of the obligations of my post chapter 608, F.S. Or, if this document is being filed to metaddrass. I hereby confirm that the limited liability company. Signature of Registered Agent	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

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

INHS18 (05/08)