L08000062978

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
. SUBJECT: FLORIDA (Name of	HOMEWORKS, LLC Limited 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:
MIGUEL VA (Name of Person) Stone Badge Haa (Firm/Company)	the time & Investment Group, We
WEVT State (Address)	
DAVIE - FLORI) (City/State and Zip Code)	M 33724 MARIANTE TI
For further information concerning this matter, MGEL VA (Name of Person)	please call: at (Area Code & Daytime Telephone 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	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. Name of the limited liability company:	UDA HOYENORTS, CCC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	DAVIE - FLORIDA 33724
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	DAVIE-FLORIDA 33324
06/27/2008	L08000062978
3. Date 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:	STONEBRIDGE MARKETING & INVESTIGE
Registered Office Address:	16658 GOTTEN DI.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	SAME
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10220 WEST STATE ROAD 84-#9 DAVIE ,FL 33324
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member)	at address of the registered office and this business ase of a Florida limited liability company, is a solution and affirmative vote of the members of the limited
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of the provision of all statutes relative to the property of the provision of all statutes of any position of the provision of this adjument is being filed to merely reflect a confirm that the limited hability company has been notified.	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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