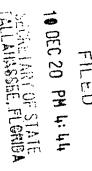
## #108000110319

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PICK-UP WAIT MAIL		
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K. SALY EXAMINER DEC 2 1 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: HOCH MANAGEMENT COMPANY LLC Name of Limited Liability Company		
Dear Sir or Madam:		
Dual of Madain.		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RUTH HOCH		
Name of Person		
HOCH MANAGEMENT LLC Firm/Company		
402 VISTA AVE		
LNVERNESS FL 34450 City/State and Zip Code		
HOCHRA & GMAIL, COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Ruyy Hoch at (352) 341-5264		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: HOCH	MANAGEMENT COMPANY LL
2. (a) Principal office address of limited liability compan	y: 402 VISTA AVE
(Note: MUST BE STREET ADDRESS)	INVERNESS FL 34450
(b) Mailing address of limited liability company:	402 VISTA AVE
(Note: MAY BE POST OFFICE BOX)	INVERNESS, FL 34450
12/02/2008  3. Date of filing/registration in Florida	<u>L08000110≥19</u> 4. Document number
3. Date of ming/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:	KUTH A HOCH
Registered Office Address:	800 BALMORAL CT INVERNESS FL 34453
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	RUTH A. HOCH
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	402 VISTA AVE TAVERNESS, FL 34450
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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 a member or authorized representative of a member  Printed or typed name of signee  Lhereby accept the appointment as registered agent and a	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compandative of the best status of the compandative of the best status of the compandative of the best status of the compandative of the	igree to act in this capacity. I further agree to oper and complete performance of the duffes, sittion as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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