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## **COVER LETTER**

TO: Registration Section Division of Corporations	•				
HEWES AND COMPAN	, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
HENRY G. SAAM IV					
Name of Person					
HEWES AND COMPANY, LLC					
Firm/Company					
390 SELINA STREET					
Address					
PENSACOLA FL 32503					
City/State and Zip Cod	ė i				
janice@hewesandcompany.com					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	ter, please call:				
JANICE WINTER, OFFICE MGR.	at () 435-4305				
Name of Person	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				
INHS18 (2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	Name of the limited liability company	HEWES AND COMPANY, LLC			
2. (a)	390 SELINA STREET		(b) 390 SELINA STREET		
()	Principal office address of limited (Note: MUST BE STREET		\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PENSACOLA FL 32503	]. ].	PENSA	ACOLA FL 32503	
	12/4/2008		L080001	111514	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a)	EDSEL F MATTHEWS, JR			The state of the s	
` '	Registered Agent and Registered Office sh	own on the records of t	the Florida Dept. of Sta	THE SAME OF THE PARTY OF THE PA	
	308 SOUTH JEFFERSON S	TREET		_ 6 6 10	
	Registered Office Address (MUST BE	<u>ËLORIDA STREET A</u> 	ADDRESS)	<b>第3</b> C	
		];		Document number	
	PENSACOLA	, FL	32502	_	
(b)	HENRY G. SAAM, IV				
	Enter name of <u>NEW Registered Agent</u> and	Vor <u>NEW Registered</u>	Office address:		
	390 SELINA STREET				
	NEW Registered Office Address:			_	
		11		_	
	PENSACOLA	, FL	32503	_	
the cha agent v was/we	inge or changes are made, the Florid vill be identical. Or, in the case of a	a street address of Florida limited lia of the members o	the registered office ability company, it of the limited liabili	lorida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
	hoo		HENRY G.	· · · · · · · · · · · · · · · · · · ·	
/	ture of a member or authorized representativ	H		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as register on of all statutes relative to the profigutions of my position as registered ely reflect a change in the registered in writing of this change.	red agent and agr per and complete l'agent as provided l'office address, I k	vee to act in this caperformance of my dfor in Chapter 60 hereby confirm that	pacity. I further agree to comply with the valutes, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent	-			
_	/ -	$\int_{1}$			