

L080000114991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Walden

Office Use Only



600235672296

RECEIVED
12 JUN -7 AM 11:10
REGISTRATION & CORPORATIONS
DIVISION OF REVENUE & STATISTICS
TALLAHASSEE, FLORIDA

FILED
2012 JUN -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUN 8 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 231886 7707790
AUTHORIZATION :
COST LIMIT \$25,000

ORDER DATE : June 6, 2012
ORDER TIME : 5:01 PM
ORDER NO. : 231886-005
CUSTOMER NO: 7707790

CHANGE OF AGENT

NAME: HCV MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

FILED
2012 JUN -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCV Management, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy K. Thomason
(Name of Person)

HAP Investment Group, LLC
(Firm/Company)

200 Ashford Center North, Suite 210
(Address)

Atlanta, GA 30338
(City/State and Zip Code)

FILED
2012 JUN -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kathryn H. Smith at (770) 396-6390
(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

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: HCV Management, LLC

2. (a) Principal office address of limited liability company: 740 Manatee Cove
 (Note: **MUST BE STREET ADDRESS**) Vero Beach, FL 32963

(b) Mailing address of limited liability company: 740 Manatee Cove
 (Note: **MAY BE POST OFFICE BOX**) Vero Beach, FL 32963

December 18, 2008

L08000114991

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: Hanns A. Pielenz

Registered Office Address: 740 Manatee Cove
Vero Beach, FL 32963

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

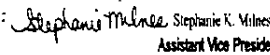
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Nancy K. Thomason, its Agent
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Stephanie K. Milnes
 Assistant Vice President Corporation Service Company

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

2012 JUN -7 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED