## L0900000000582

(Re	equestor's Name)		
(Address)			
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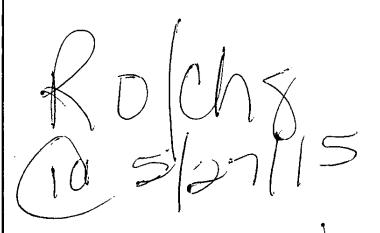
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## · COVER LETTER

Division of Corporations	
Howards Reach, LLC	
	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 m	natter to the following:
Jason H. Klein	
Name of Person	<del></del>
Wood, Smith, Henning & Berman, LLP	
Firm/Company	
101 E. Kennedy Blvd., Suite 1840	·
Address	
Tampa, Florida 33602	
City/State and Zip Code	
jacon.h.klcin1@gmail.com jKlein@	e wshblaw.com
E-mail address: (to be used for future annual	
For further information concerning this matter, plea	ase call:
Derrick Brooks	215 264-0909
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 am	ount:
☑ \$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.

(a)	ame of the limited liability company: Howards Re		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	JANUARY 5, 2009		09000000582
	Date of filing/registration in Florida	<del>-</del> 4.	Document number
(a)	JASON H. KLEIN		
	Registered Agent and Registered Office shown on the records of JASON H. KLEIN  Registered Office Address (MUST BE FLORIDA STREET)  111 N. MAGNOLIA AVENUE, SUITE 1400	ADDRESS)	ept. of State:
	ORLANDO	, 32801	
(b)	JASON H. KLEIN  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> JASON H. KLEIN	d Office addres	SEERE TARY OF S VISION OF AGREDIT
	NEW Registered Office Address:	_	
	101 E. KENNEDY BLVD., SUITE 1840		<u> </u>
	TAMPA , FI	<sub>L</sub> 33602	
e char ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the register iability comp of the limited	red office and the business office of the register bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signati	ure of a member or authorized representative of a member		Printed or typed name of signee
9VISIC	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. I	e performanc	re of my duties, and I am familiar with and acco

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