L0900004673

| (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: |
| L. SELLERS |
| JUL. 2 8 2010 |
| -VANINER |

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SECRETARY OF STATE.

10 JUL 27 PH 2: 55

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: HJH Family Company, LLC Name of Limited Liability Company |
| Name of Emitted Elability 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: |
| |
| |
| Joseph A. Porrello Name of Person |
| |
| Joseph A. Porrello, P.A. |
| Firm/Company |
| |
| P.O. Box 450249 |
| Address |
| Minus El 2004F |
| Miami, FL 33245 City/State and Zip Code |
| |
| hectorh601@gmail.com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| |
| Joseph A. Porrello at (305) 374-0092 |
| Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 |
| Enclosed is a check for the following amount: |
| |

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: ______ HJH Family Company, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2133 Fisher Island Drive, #2133 Fisher Island, FL 33109 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2133 Fisher Island Drive, #2133 Fisher Island, FL 33109 January 15, 2009 L09000004673 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: Joseph A. Porrello, P.A. 2200 South Dixie Highway Registered Office Address: Suite 702-A Miami, FL 33133 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **Hector Hernandez NEW Registered Office Address:** 7855 NW 12th Street (MUST BE FLORIDA STREET ADDRESS) Suite 105 Miami_ 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 manufactor of the limited liability company or as otherwise provided in the articles of a figuration or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Hector Hernandez Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. The there agree to comply with the provisions of an statutes relative to the proper and complete performance of my futies, and I am fumilitin with and accept the obligations of my position as registered agent as provided for in Chapter 608 ft S. Or ff that 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.

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