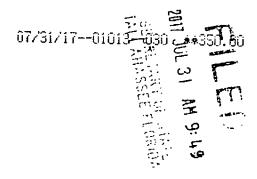
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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	THH HOLDINGS, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Carrie	e Lavargna, Esq.						
	Name of Person						
Lavar	rgna Law PLLC						
	Firm/Company		_				
1803	S. Kanner Highway						
	Address						
Stuar	t, FL 34994						
	City/State and Zip Code		_				
carrie	@lavargnalaw.com						
E	-mail address: (to be used for future annu	al report notif	ication)				
For fur	ther information concerning this matter, p	olease call:					
Carrie	e Lavargna, Esq.	772	286-7521				
	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	□ \$3	55 Filing Fee & Certified Copy				
INHS18	8 (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	me of the limited liability company: THH HO	LDINGS, LL	.C			
2.	(a)	3409 BENTWILLOW LANE	(h	(b) 3409 BENTWILLOW LANE			
-		Principal office address of limited liability compar (Note; MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		YOUNGSTOWN, OH 44511		YOUNG	STOWN, OF	H 44511	
		02/19/2009		L0900001	16582		
3.		Date of filing/registration in Florida	4.		Document nur	mber	
5.	(a)	Carrie Lavargna, Esq.,					
	()	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State	::		
		Registered Office Address (MUST BE FLORIDA ST)	REET ADDRESS	1	•		
		Suite 101		2 2			
		Stuart	, _{FL} _34994			ZIII JUL	
(b)		Lavargna Law, PLLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 1803 S. Kanner Highway NEW Registered Office Address:			31 AM 9: 43 XSSEE FLORIDA		
		Stuart	34994				
the age was	cha ent v s/we	mited liability company is not organized under to nge or changes are made, the Florida street addraill be identical. Or, in the case of a Florida limitere authorized by an aftermative vote of the memoral of organization of the operating agreement of the operating	ress of the regis ited liability co abers of the lim of the limited I	stered office impany, it is ited liability	e and the busing shereby confir y company or a apany.	ess office of the registered med that the change(s)	
<u>s</u>	ignal	ure of a member or authorized representative of a member			Printed or typed	name of signee	
I h pro the to t	- visi obl nere	by accept the appointment as registered agent arons of all statutes relative to the proper and configations of my position as registered agent as prily reflect a change in the registered office address of this change.	nd agree to act npleic perform ovided for in C ess, I hereby co	in this cape ance of my e Thapter 605 onfirm that i	ocity I further	r waree to comply with the	

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