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Certified Copies	Certificates	of Status	
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SECRETARY OF STATE

JAN -2 2013 T. HAMPTON

COVER LETTER

TO: Registration Section

Division of Corporations

_{subject:} Hungry 4 Web

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:

Christine Andrews

Name of Person

Hungry 4 Web

Firm/Company

12 Royal Palm Way #201

Address

Boca Raton, FL, 33432

City/State and Zip Code

christine@hungry4web.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Andrews

....954 \ 540-701

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



RECEIVED

12 DEC 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 18, 2012

CHRISTINE ANDREWS 12 ROYAL PALM WAY # 201 BOCA RATON, FL 33432

SUBJECT: HUNGRY4WEB, LLC Ref. Number: L09000021775

We have received your document for HUNGRY4WEB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 012A00029854

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. Nan	ne of the limited liability company: Hungry 4 Web LL		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2801 n palm aire drive #105 pompano beach, fl 33069	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2801 n palm aire dr #105 pompano beach 1l 33069	
3/5/09		L09000021775	
3. Date	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of S	State:
	Registered Agent:	Christine Andrews	
	Registered Office Address:	2801 n palm aire dr #105 pompano beach fl 33069	
(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	
	NEW Registered Agent:	Christine Andrews	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12 Royal Palm Way #201	
	INCST DE TEORIDA STREET ADDRESS	boca raton ,FL	33432
confirm and the liability the me the ope	imited liability company is not organized under the land that after the change or changes are made, the Flebusiness office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	aws of the State of Florida, it is her orida street address of the registere cal. Or, in the case of a Florida lin was/were authorized by an affirmate provided in the articles of organi	d office nited dive vote of zation or
Christine Printed (Andrews or typed name of signee	- 5	2 36.5
I herei comply and I a Chapte addres.	by accept the appointment as registered agent and as with the provisions of all statutes relative to the promise familiar with and accept the obligations of my posite 508, F.S. Or, if this document is being filed to meles, I hereby confirm that the United liability company		10

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