## L09000030591

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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE SECRETARY OF SECRETARY OF

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**EXAMINER** 

## GRAY ROBINSON

**SUITE 600** 301 South Bronough St. (32301) POST OFFICE BOX 11189

> TALLAHASSEE, FL 32302-3189 TEL 850-222-7717

> > TEL 850-577-9090 FAX 850-222-3494

FAX 850-577-331

gray-robinson.com

**IACKSONVILLE** KEY WEST

FORT LAUDERDALE

November 12, 2009

E-MAIL ADDRESS maluber@gray-robinson.com

## VIA HAND DELIVERY

Florida Department of State **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Hilderley Holdings, LLC

Registered Agent: Michael E. Neukamm Document Number: L09000030591

Our File No. 5320-3

Dear Madam or Sir:

Enclosed for filing, please find an original and one copy of the form: STATEMENT OF CHANGE OF REGISTERED AGENT for HILDERLEY HOLDINGS, LLC.

This firm's check in the amount of \$25.00 is enclosed (no certified copy needed). Upon receipt of this request, please file the original and date-stamp the extra copy for our files. Please call me if you have any questions (850-577-9090).

Thank you for your assistance in this matter.

Sincerely,

Marie-Anne Luber Office Administrator

Enclosures

## 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. The	name of the limited liability company is: Hilderley Hold	lings, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	710 Atlantis Road Melbourne, FL 32904	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	710 Atlantis Road Melbourne, FL 32904	
03/30/0	09	ري. دن. دن.	
3. Date of filing/registration in Florida		4. Document number	
5. (a)	Registered Agent and Registered Office shown on the r	records of the Florida Dept. of State:	
	Registered Agent: Registered Office Address:	Michael P. Bist 1300 Thomaswood Drive Tallahassee, FL 32308	
(b)	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u>		
	NEW Registered Agent:	Michael E. Neukamm	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	301 E. Pine Street  Suite 1400 Orlando , FL 32801	
change will be authori: organiz (Signatur	mited liability company is not organized under the laws of the or changes are made, the Florida street address of the registere identical. Or, in the case of a Florida limited liability companyed by an affirmative vote of the members of the limited liability ation or the operating agreement of the limited liability companyed of a member or authorized representative of a member)	ed office and the business office of the registered agent y, it is hereby confirmed that the change(s) was/were ity company or as otherwise provided in the articles of	
	t Hilderley or typed name of signee)		
the pro	by accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete cept the obligation of my position as registered agent as ent is being filed merely to reflect a change in the registe	e performance of my duties, and I am familiar with provided for in Chapter 608, F.S. Or, if this	

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

liability company has been notified in writing of this change.

(Signature of Registered Agent)