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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
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SUBJ	ECT:		<u>IUL-</u>	
	Name of	Limited	Liabil	lity Company
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office C	hange	e and fee(s) are submitted for filing.
Please	e return all correspondence concernin	g this ma	tter to	o the following:
				•
<u></u>	Chris Hulsey			
	Name of Person			
	HUL-C, LLC			
	Firm/Company			
	9308 Laurel Ledge Dr.			
	Address			
	Riverview, FL 33569			
-	City/State and Zip Code			
<u>I</u>	chulsey27@gmail.com E-mail address: (to be used for future annual repor	t notification	1)	·
For fu	urther information concerning this ma	tter, pleas	se call	11:
	Chris Hulsey	at (813	299-1270
	Name of Person			Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:
	Registration Section		Reg	egistration Section
	Division of Corporations			vision of Corporations
	Clifton Building			O. Box 6327
	2661 Executive Center Circle		Tal	ıllahassee, Florida 32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the follow	ing amoi	int:	
	\$25 Filing Fee		S :	55 Filing Fee & Certified Copy

. 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.

Name of the limited liability company:	HUL-C, LLC
2. (a) Principal office address of limited liability compar	ny: 919 Milano Cir.
(Note: MUST BE STREET ADDRESS)	Brandon, FL 33511
(b) Mailing address of limited liability company:	919 Milano Cir
(Note: MAY BE POST OFFICE BOX)	Brandon, FL 33511
7/20/2009	L09000069342
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or Registered Agent:	n the records of the Florida Dept. of State: Chris Hulsey
Registered Office Address:	919 Milano Cir. Brandon, FL 33511
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address:
NEW Registered Office Address:	9308 Laurel Ledge Dr.
(MUST BE FLORIDA STREET ADDRESS)	Riverview ,FL 33569
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
Chris Hulsey	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand accept the obligations of my pand I am familiar with a mand acce	agree to act in this capacity. I further agget to proper and complete performance of my duties, position as registered agent as provided for merely reflect a change in the registered office my has been notified in writing of this change.

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