Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC REGISTERED AGENT CHANGE HCOA WEST FLAGLER, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: HCOA West Flag	ler, LLC
2. The mailing address of the limited liability company is: 17780	COLLINS AVENUE, 2ND FLOOR
SUNNY ISLES FL 33160	
10/21/2009	1.09000101981
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office addr. Florida Department of State:	ess as shown on the records of the
CORPORATION SERVICE COM	APANY FEE 2 -17
Name 1201 HAYS STREET	APANY AP
Address	
TALLAHASSEE FI. 32301	75 E
City, State and	Zip 9. 39
3. The name and address of the new registered agent and/or office	2ip
Corporate Creations Network Inc. Name	
11380 Prosperity Farms Road #22 Florida street address (P.O. Bo	
Palm Beach Gardens City, State and	FJL 33410
City, State and	Zip
If the limited liability company is not organized under the laws of or changes are made, the Florida street address of the registered of identical. Or, in the case of a Florida limited liability company, it an affirmative vote of the members of the limited liability company the operating agreement of the limited liability company.	fice and the business office of the registered agent will be is bereby confirmed that the change(s) was/were authorized by
(Signature of a member or authorized representative of a member)	 - ,-
by Valerie Hawk-Donohue as atty-in-fact (Printed or Typed name of signee)	
I hereby accept the appointment as registered agent and agree to of all statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 608, F in the registered office address. I hereby confirm that the limited by Valerie to (Signature of Registered Agent)	my duties, and I am familiar with and accept the obligations of S. Or, if this document is being filed to merely reflect a change
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314
Corporate Creations International Inc.	

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11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107