110000004598

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	TIAW:	MAIL
(Bu	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100184537451

08/27/10--01024--009 **25.00

REPRESENT OF STATE.

D. BRUCE

AUG 31 2010

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: NHG Taterneth	nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for	filing.	
Please return all correspondence concerning thi	is matter to the following:		
Frak Moorefield Name of Person			
NHG Fateraction!	LLC		
981 Huy 98 E. Address	S.te 3250	7 10 10 10 10 10 10 10 10 10 10 10 10 10	
Destriction of the City/State and Zip Code	-2525	AUG 27 I	
E-mail address: (to be used for future annual report notif	rnational - com	AH 8: 39 OF STATE ELELORIBI	Ö
For further information concerning this matter,	please call:	حور	
Frank Mar Sell a	at (917) 554 - 46 Area Code & Daytime Telephone Nu		
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 Co	ру	

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. Name of the limited liability company: WH 6	International LLC
2. (a) Principal office address of limited liability company	303 Azolee Drive
(Note: MUST BE STREET ADDRESS)	Destin 12 32541
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Brian Filicky
Registered Office Address:	303 Azalea Dru
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: Betty Zabel 981 Hwy 98 E. Sik 3280 Pestio FL 3254
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provisions.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company	uion as registerea agent as proviaea for in ely reflect a change in the registered office has been notified in writing of this change.

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