L10000012976

| (| (Requestor's Name) |
|------------------|--------------------------|
| | |
| (| (Address) |
| (| (Address) |
| | |
| (| (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| (Business Entity Name) |
| (| (Document Number) |
| Certified Copies | Certificates of Status |
| | |

Special instructions to Filing Officer:

A. LUNT

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EXAMINER

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SECKETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|-------------------------------|---|--------------------------------|
| SUBJECT:Na | HJAF, LI | | . |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Regi | stered Office Change a | and fee(s) are sub | mitted for filing. |
| Please return all correspondence con | | | · |
| Kenneth C Hutto, E | Esquire | - | |
| Name of Person | | | |
| The Law Office of Kenneth | า C Hutto, PA | • | 2010 HAR SECTIVE IN |
| 842 S Missouri Av | renue . | - | AR - |
| Lakeland, FL 33 City/State and Zip Cod | | w w | PM 1: 45 OF STATE SEE, FLORIDA |
| Ken@huttoassocite | S.COM al report notification) | - | |
| For further information concerning the | nis matter, please call: | | |
| Kenneth C Hutto, Esquire | |) 60 rea Code & Daytime T | 7-4222 elephone Number |
| STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regis Divis P.O. l | LING ADDRESS: stration Section sion of Corporation Box 6327 hassee, Florida 323 | s |
| Enclosed is a check for the f | ollowing amount: | | |
| \$25 Filing Fee | \$55 | Filing Fee & Cer | rtified 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: | HJAF, LLC | |
|--|--|--|
| 2. (a) Principal office address of limited liability company | : | |
| (Note: MUST BE STREET ADDRESS) | | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | | |
| February 4, 2010 | L100000 | 12976 |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on the | he records of the Florida | |
| Registered Agent: | Patrick Fagan | The state of the s |
| Registered Office Address: | 754 Bryson Loop Lakeland, FL 33809 | ASSEE P M |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | The Law Office of Ke | nneth C Hutto, PA |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 842 S Missouri Avenu | |
| | Lakeland | ,FL <u>33815</u> |
| If the limited liability company is not organized under the longitude that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | lorida street address of the ical. Or, in the case of a was/were authorized by wise provided in the artic | ne registered office Florida limited |
| Patrick Fagan | _ | |
| Printed or typed name of signee | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capaci per and complete perfor sition as registered agen rely reflect a change in t v has been notified in wri | ity. I further agree to mance of my duties, t as provided for in he registered office iting of this change. |
| Signature of Registered Agent | | |

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