Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 : (813)435-3176 Phone

Fax Number : (813)333-6358

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 HOSTING EMPRESARIAL, LLC

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T. HARMETTON

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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.	Naı	me of the limited liability company: HOSTING EMPRESARIA	AL, LLC			
	(a)	Principal office address of limited liability company	2885 SANFORD AVENUE SW			
		(Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	#12848			
			Grandville, Mi 49418			
	(b)		2885 SANFORD AVENUE SW	·····		
			#12846			
			Grandville, MI 49418			
02	26/201	10	L10000022174			
3.	Dat	e of filing/registration in Florida	1. Document number			
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of	State:		
		Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC			
		•	18952 N. DALE MABRY HWY			
			SUITE 102			
			LUTZ, FL 33548	20		
			C C C C C C C C C C C C C C C C C C C	20		
	(b)	b) Enter name of NEW Registered Agent and/or NEW Registered Office address 25 27				
		NEW Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC	<u> </u>		
		NEW Registered Office Address:	13007 W. LINEBAUGH AVENUE			
			STE 101 (7)			
			TAMPA TAMPA	33626		
an lia	nfin d the bilit e me	imited liability company is not organized under the laned that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the register	ed office		
Sig	natur	e of a member or authorized representative of a member	•			
Pr	inted	S J. SPRADLIN AUTHORIZED REPRESENTATIVE OF A MEMBER or typed name of signec	-			
I co an Cl ad	here mply d I d japte dres	by accept the appointment as registered agent and ag with the provisions of all statutes relative to the proving familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer self the confirm that the limited liability company	ree to act in this capacity. I furth per and complete performance of ition as registered agent as provi ely reflect a change in the registe has been notified in writing of th	her agree to my duties, ded for in red office is change.		
Sig	gnafur	e of Registered Agent				
		Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314			

INH\$18 (05/08)

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