## L100000034687

(	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:				
	<b>A A</b>			
	W.			
	Office Has Only			

B. KOHR

SEP ~ 7 2012

EXAMINER



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09/04/12--01016--014 \*\*25.00

## **COVER LETTER**

•	`				411	
TO:	Registration Section Division of Corporations					
OUDI	рст НС	28 GE		P, LLC		
SUBJ	Name of Lir					
	Name of Life	iliteu L	iaomiy	y Company		
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	fice Cha	ange ar	and fee(s) are submitted for filing	ng.	
Please	return all correspondence concerning th	is matt	er to th	he following:		
				-		
	James D'Loughy, Esq.					
	Name of Person			_		
	ADVISORLAW PLLC					
	Firm/Company			_		
	, ,					
	2055 DCA Davidovard					
	2855 PGA Boulevard Address			<del>.</del>		
	D   D   D   E  0044	^				
Palm Beach Gardens, FL 33410  City/State and Zip Code						
	City/State and 25p code					
	idloughy@advisor-law.com					
Е	jdloughy@advisor-law.com -mail address: (to be used for future annual report noti	ification)		<del>.</del>		
r., e.			. 0011.			
roriu	orther information concerning this matter	, piease	can.			
	. 5.	_	-04	200 7700		
	James D'Loughy  Name of Person	at (	61	_) 622-7788 Area Code & Daytime Telephone Number	<del></del> -	
	Name of Feison		Ai	area code & Daytime Telephone Humber		
	STREET/COURIER ADDREŠS:			ILING ADDRESS:		
	Registration Section			stration Section		
	Division of Corporations			sion of Corporations Box 6327		
	Clifton Building 2661 Executive Center Circle			ahassee, Florida 32314		
	Tallahassee, Florida 32301					
	Enclosed is a check for the following amount:					
	\$25 Filing Fee	L	7 222	5 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.

3 , , ,			
Name of the limited liability company:	HGS GROUP, LLC		
2. (a) Principal office address of limited liability compar	ny: 318 South US Highway 1		
(Note: MUST BE STREET ADDRESS)	Suite 210 Jupiter, Florida 33477		
(b) Mailing address of limited liability company:	318 South US Highway 1		
(Note: MAY BE POST OFFICE BOX)	Suite 210 Jupiter, Florida 33477		
03/30/2010	L10000034687		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:		
Registered Agent:	Zarco Einhorn Salkowski & Brito, P.A.		
Registered Office Address:	100 S.E. 2nd Street, Suite 2700 Miami, Florida 33131		
NEW Registered Agent:  NEW Registered Office Address:	Tony Hannan 318 South U.S. Highway 1		
(MUST BE FLORIDA STREET ADDRESS)	Suite 210 Jupiter ,FL33477		
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  James D'Loughy, Esq. for Tony Hannan  Printed or typed name of signed.			
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 panders of the companies of the compan	t agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.		

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

Signature of Registered Agent