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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	HJ DOUBLE A INVESTMENTS, LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Ager	nt/Registered Office Change and fee(s) are submitted for filing.
Please return all corresponder	ace concerning this matter to the following:
	, ,
ANDREW Name of I	HJORTAAS Person
Firm/Con	pany
1400 GULFSHORE BLA Addres	/D. NORTH, SUITE 142
NAPLES, City/State and	FL 34102 Zip Code
E-mail address: (to be used for it	/ahoo.com ure annual report notification)
For further information conce	rning this matter, please call:
ANDREW HJORT Name of Person	AAS at (239) 405-1507 Area Code & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for	or the following amount:
\$25 Filing Fee	\$55 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.

1. Name of the limited liability company:	HJ DOUBLE A INVESTMENTS, LLC		
2. (a) Principal office address of limited liability	company:		
(Note: MUST BE STREET ADDRESS)	940 SWEETWATER LANE, #108 BOCA RATON, FL 33431		
(b) Mailing address of limited liability compar	ny:		
(Note: MAY BE POST OFFICE BOX)	940 SWEETWATER LANE, #108 BOCA RATON, FL 33431		
4/1/10	L10000035615		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:		
Registered Agent:	ANDREW HJORTAAS		
Registered Office Address:	940 SWEETWATER LANE 9		
	BOCA RATON, FL 334345		
(b) Enter name of <u>NEW Registered Agent</u> and	d/or <u>NEW Registered Office address</u> ⊋ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
NEW Registered Agent:			
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRE</u>)	SS) SUITE 142		
MOST BE TEORIDA STREET ADDRES	NAPLES ,FL34102		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
ANDREW HJORTAAS, MANAGER Printed or typed name of signee			
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.		

Signature of Registered Agent