

210000075065

(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:

Office Use Only



600184221586

08/27/10--01005--010 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 27 AM 11:58

T. HAMPTON

AUG 30 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STEIMAN ENERGY, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Kirsch

Name of Person

The Law Offices of Craig S. Kirsch, P.A.

Firm/Company

40 NE 1st Avenue, Suite 804

Address

Miami, Florida 33132

City/State and Zip Code

ckirsch@southfloridatrademarks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Kirsch

Name of Person

at ( 786 )

556-4143

Area Code & Daytime Telephone Number

**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 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: HSBA GROUP, LLC

2. (a) Principal office address of limited liability company: 1717 N. Bayshore Drive

☒ (Note: **MUST BE STREET ADDRESS**) #1957  
Miami, Florida 33132

(b) Mailing address of limited liability company: 1717 N. Bayshore Drive

☒ (Note: **MAY BE POST OFFICE BOX**) #1957  
Miami, Florida 33132

07/16/2010 3. Date of filing/registration in Florida L10000075065 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: HUYSMAN, MICHEL

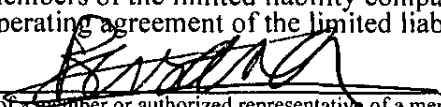
Registered Office Address: 2000 South Dixie Highway, Suite 106  
Miami, Florida 33133

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Craig Kirsch

**NEW** Registered Office Address: The Law Offices of Craig S. Kirsch, P.A.  
**(MUST BE FLORIDA STREET ADDRESS)** 40 NE 1 Avenue, Suite 804  
Miami, FL 33132

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

Abdelkader BENSOUNA  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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

FILED  
CLERK OF STATE  
JUL 27 AM 11:54  
DIVISION OF CORPORATIONS