## 11000102703

Delonna Hartley 7465 Creekridge Cir. Tallahassee, FL 32309	<u></u>
· (Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

## 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:	H. M. HARTLEY, LLC
2. (a) Principal office address of limited liability company	1400 Village Square Blvd., # 3-195
(Note: MUST BE STREET ADDRESS)	Tallahassee, Florida 32312
(b) Mailing address of limited liability company:	1400 Village Square Blvd., #3-195
(Note: MAY BE POST OFFICE BOX)	Tallahassee, Florida 32312
October 1, 2010	L10000102703
3. Date of filing/registration in Florida	l. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Delonna Hartley
Registered Office Address:	1415 Timberlane Road #312 Tallahassee, Florida 32312
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	man was processed to the processed to th
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1400 Village Square Bive. #92195
	Tallahassee ,FL 32312
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Delonna Hartley	
Printed or typed name of signee	•
I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the propagation of the propaga	ree to act in this capacity. I further agree to ber and complete performance of my duties, tion as registered agent as provided for in ty reflect a change in the registered office has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00