## L10000114345

| (Requestor's Name)                      |              |             |  |  |
|---|--------------|-------------|--|--|
| (Address)                               |              |             |  |  |
| (Address)                               |              |             |  |  |
| (City/State/Zip/Phone #)                |              |             |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL        |  |  |
| (Business Entity Name)                  |              |             |  |  |
| (Document Number)                       |              |             |  |  |
| Certified Copies                        | Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |              |             |  |  |
|   |              |             |  |  |
|   |              |             |  |  |
|   |              |             |  |  |
|   |              |             |  |  |

Office Use Only



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SECKE FARY OF STATE
AREA SECRETARY OF STATE

C. LEWIS

OCT 1 8 2011

EXAMINER

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations              |                       |   |  |  |
|--------|--|-----------------------|---|--|--|
| SUBJ   | UBJECT: HTW2 FroYo LLC  Name of Limited Liability Company  |                       |   |  |  |
|        | 14ame of   | Diffice               | Liubinty Company                            |  |  |
| Dear   | Sir or Madam:  |                       |   |  |  |
| The e  | nclosed Registered Agent/Registered                        | Office (              | Change and fee(s) are submitted for filing. |  |  |
| Pleas  | e return all correspondence concernin                      | ng this m             | atter to the following:                     |  |  |
|        | Charles Lodowski   |                       |   |  |  |
| -      | Name of Person   |                       |   |  |  |
|        | HTW2 FroYo LLC   |                       |   |  |  |
|        | Firm/Company   |                       |   |  |  |
|        | 4678 Lakeside Ter  |                       |   |  |  |
|        | Address  |                       |   |  |  |
|        | Davie, FL 33314  |                       | ·   |  |  |
|        | City/State and Zip Code                                    |                       |   |  |  |
| Ē      | charles.lodowski@menchies                                  | com<br>t notification | on)   |  |  |
| For fi | urther information concerning this ma                      | itter, plea           | ase call:                                   |  |  |
|        | Charles Lodowski   | at (_                 | 954 ) 668-5767                              |  |  |
|        | Name of Person   |                       | Area Code & Daytime Telephone Number        |  |  |
|        | STREET/COURIER ADDRESS:                                    |                       | MAILING ADDRESS:                            |  |  |
|        | Registration Section                                       |                       | Registration Section                        |  |  |
|        | Division of Corporations                                   |                       | Division of Corporations                    |  |  |
|        | Clifton Building   |                       | P.O. Box 6327                               |  |  |
|        | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 |                       | Tallahassee, Florida 32314                  |  |  |
|        | Enclosed is a check for the follow                         | ing amo               | ount:                                       |  |  |
|        | \$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:   | HTW2 FroYo LLC   |  |  |  |
|---|--|--|--|--|
| 2. (a) Principal office address of limited liability company  | : 10620 W Forest Hill Blvd #50   |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Wellington, FL 33414   |  |  |  |
| (b) Mailing address of limited liability company:   | 4678 Lakeside Ter  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Davie, FL 33314  |  |  |  |
| Nov 3, 2010   | L10000114365   |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on the  |  |  |  |  |
| Registered Agent:   | United States Corp Agents INC  |  |  |  |
| Registered Office Address:  | 13302 Winding Oaks Blvd 💆 S<br>Tampa, FL 33688   |  |  |  |
|   | S = 1  |  |  |  |
|   | EFO THE  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEV   | I/ Descriptional Office addresses 77   |  |  |  |
| NEW Registered Agent:   | Charles Lodowski   |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 4678 Lakeside Ter  |  |  |  |
|   | Davie ,FL33314   |  |  |  |
| 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 |  |  |  |  |
| Charles Lodowski Printed or typed name of signee  | _  |  |  |  |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my polypore to the proving that the limited liability company signature of Registered Agent   | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. |  |  |  |

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