## L1000 CO6 472

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Y SULKER

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	C H Companies, LLC						
	Nan	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to	the following:				
P Chi	ristopher Hall						
	Name of Person						
СНС	Companies, LLC						
	Firm/Company						
2655	Ulmerton Rd Ste 117						
	Address						
Clear	water, FL 33762						
	City/State and Zip Code	-					
chris(	@chcompanies.com						
E	-mail address: (to be used for future ann	nual report n	otification)				
For fur	ther information concerning this matter.	, please call					
P Chr	ristopher Hall	407 at (	496-0530				
	Name of Person		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		1 \$55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. N	ame of the limited liability company: C H COMPA	NIES, LLC	* * Tail				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				pany:	
	2655 ULMERTON RD STE 117	2655 เ	JLMERTON RD	LMERTON RD STE 117			
	CLEARWATER, FL 33762	CLEA	RWATER, FL 33	762			
	01/18/2011	L11000	0006472				
3.	Date of tiling/registration in Florida	4.	Document number	er			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of HALL, P CHRISTOPHER	the Florida Dept. of S	tate:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del></del>				
	10151 UNIVERSITY BLVD # 231	<u> </u>					
	ORLANDO	32817					
				1			
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>	45. 11.	919		
	The fame of NEW Registered Agent and/or PALAY Registered	a vince address.		SEL	35		
					22		
	NEW Registered Office Address:		_				
	2655 ULMERTON RD # 117			-	: :		
			_	- ; -	 	-	
	CLEARWATER	33762		***	O1		
the cha agent v	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case by a Florida limited li ere authorized by an aftirmative fote of the members icles of organization or the operating agreement of the	I the registered offi lability company, it of the limited liabil	ice and the business t is hereby confirmed lity company or as o	office of d that the	f the re e chan	egistered ge(s)	
	1. Mother	P Christoph					
_	iture of a member or authorized representative of a member	<del></del>	Printed or typed nan				
I here provisi the obi to mer notifie	by accept the appointment as regisfered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a charge in the regisfered office address. I dry writing office engage	ree to act in this co performance of m ed for in Chapter 6 hereby confirm the	ipacity. I further ay by duties, and I am fo 05, F.S. Or, if this o at the limited liabilit	pree to co imiliar w locumen ly compa	omply vith an t is bei my has	with the ad accept ing filed s been	
Signati	ire of Registered Agent						