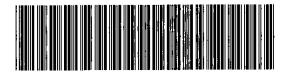
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COVER LETTER

Division of Corporations H4-USA, LLC SUBJECT: 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: Matthew T. Jones Name of Person Morgaman & Jones, PA Firm/Company 5100 Town Center Circle, Suite 300 Address Boca Raton, FL 33486 City/State and Zip Code mattjones@morgaman.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew T. Jones Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

STÄTEMENT 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:	H4-USA, LLC
2. (a) Principal office address of limited liability con	ompany:
(<u>Note: MUST BE STREET ADDRESS</u>)	5100 Town Center Circle, Suite 300 Boca Raton, FL 33486
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	5100 Town Center Circle, Suite 300 Boca Raton, FL 33486
3/18/2011	L11000032980
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Matthew T. Jones
Registered Office Address:	3000 W. Cypress Creek Road Ft. Lauderdale, FL 33309
(b) Enter name of NEW Registered Agent and/o	
NEW Registered Agent:	Morgaman & Jones PA
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5100 Town Center Circle Suite 300
	Boca Raton ,FL 33486
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon of the operating agreement of the limited liability confirmed that the charmon of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon of the limited liability company or as or the operating agreement of the limited liability confirmed that the charmon of the limited liability confirmed that the charmo	, the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote so otherwise provided in the articles of organization
William Cullen member Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmature of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.

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