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## **COVER LETTER**

TO: Registration Section Division of Corporations			
Division of Corporations			
	Top Sweepstakes, 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	g this matter to the following:		
Hector John Vega			
Name of Person			
Hill Top Sweepstakes, LL	<u>C</u>		
13809 CR 455 Address	· · · · · · · · · · · · · · · · · · ·		
Clermont, FL 34711 City'State and Zip Code			
larrypatel@yahoo.com E-mail address: (to be used for future annual report	notification)		
For further information concerning this man	tter, please call:		
Larry Patel	at ( 816 ) 564-1489		
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	\$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:	Hill Top Sweepstakes	s, LLC
2. (a) Principal office address of limited liability compa	.ny: 1380	9 CR 455
(Note: MUST BE STREET ADDRESS)	Clermont, FL 34711	
(b) Mailing address of limited liability company:	13809 CR 455	
(Note: MAY BE POST OFFICE BOX)	Clermont, FL 34711	
05/01/2011	L1100005	1837
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida l	Dept. of State:
Registered Agent:	Hector J Vega	
Registered Office Address:	551 Little River Loop # 118 Altamonte Springs, FL	327143
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office addi	
NEW Registered Agent:	Larry Patel	<u> </u>
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	13809 CR 455	
	Clermont	,FL <u>34711</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the atical. Or, in the case of a Fl	registered office lorida limited
Hector J Vega		
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 pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability compan	agree to act in this capacity, oper and complete perform as registered agent a grely reflect a change in the ty has been notified in writir	I further agree to ance of my duties, is provided for in registered office ig of this change.
Signature of Registered Agent		

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