2110000089658

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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(Document Number)			
Certified Copies	_ Certificates	s of Status	
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Special instructions to Filing Officer.			
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OCT - 5 2012

T. HAMPTON

COVER LETTER

Division of Corporations			
SUBJECT:	H&L Blackbeard LLC		
Name o	f Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
Michael T Lambrix			
Name of Person			
Lambros Enterprises LL	<u>.c</u>		
Firm/Company			
250 SE Mizner Blvd. #50)2		
Address			
Poss Potos El 22422			
Boca Raton, FL 33432 City/State and Zip Code	<u>: </u>		
mike.lambirx@gmail.co E-mail address: (to be used for future annual repo	m rt notification)		
For further information concerning this m	atter, please call:		
Michael Lambrix	at (551) 427-1572		
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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	i ananassee, Fioriua 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:	H&L Blackbeard LLC	
2.	(a) Principal office address of limited liability company	280 SE Mizner Blvd.	
	(Note: MUST BE STREET ADDRESS)	802 Boca Raton, FL 33432	
	(b) Mailing address of limited liability company:	280 SE Mizner Blvd.	
	(Note: MAY BE POST OFFICE BOX)	802 Boca Raton, FL 33432	
	08/04/2011	L11000089658	
3.	Date of filing/registration in Florida	4. Document number	
5.	5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	Michael T Lambrix	
	Registered Office Address:	280 SE Mizner Blvd.	
		802 Boca Raton, FL 33432	
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Michael T Lambrix 250 SE Mizner Blvd.	
	(MUST BE FLORIDA STREET ADDRESS)	502 Boca Raton ,FL33432	
and lia of or	the limited liability company is not organized under the nfirmed that after the change or changes are made, the F d the business office of the registered agent will be idenbility company, it is hereby confirmed that the change(s the members of the limited liability company or as other the operating agreement of the limited liability company or an active of a member or authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the case	
Pri	Michael T Lambrix Inted or typed name of signee	- 27 CARPO	
I l co an Cl ad	hereby accept the appointment as registered agent and a mply with the provisions of all statutes relative to the pr dI am familiar with and accept the obligations of my po- napter 608, Y.S. Or, if this elocument is being filed to me dress I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of new duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.	
St	anature of Registered Agoly		
	Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)

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