## L11000094712

(Requestor's Name)						
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(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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## 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.

1. N	Name of the limited liability company: HAWK CAPITAL GROUP,LLC					
2. (a)	1027 SPANISH MOSS TRAIL	(	(b) 1027 SPANISH MOSS TRAIL			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NAPLES,FL.34108		NAPLES	S,FL.34108		
	8/17/11		L1100009	94712		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATIONSERVICE COMPANY					
	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State	-		
	1201 HAYES STREET					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>5)</u>	-		
	TALLAHASSEE	, 32301				
(b)		<u> </u>	·	, •		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						
	ROBERT D. LLEWELLYN					
	NEW Registered Office Address:	<del></del>				
	1027 SPANISH MOSS TRAIL	_				
	NADI SO					
	NAPLES, FI	34108				
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. Signification of a member of authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete participation of mudular participation of the proper and complete participation of mudular participation of mudu						
the oblig	ins of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	performa ed for in C hereby co	ince of my d Chapter 605, onfirm that th	uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

Signature of Registered Agent

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

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3.	Date of filing/registration in Florida	4.	Document number		
5. (	a) CORPORATIONSERVICE COMPAN	<b>1</b> Y			
J. (	Registered Agent and Registered Office shown on the 1201 HAYES STREET	records of the Florida Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	-		
			SI 20		
	TALLAHASSEE	, <sub>FL</sub> 32301			
(b	))		TALLAHAS		
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	Registered Office address:			
	ROBERT D. LLEWELLYN		E.FL		
	NEW Registered Office Address:				
	1027 SPANISH MOSS TRAIL		_		
	NAPLES	, FL_34108	-		
the cl agent was/v the ar Sign	limited liability company is not organized under hange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li were authorized by an affirmative vote of the me ticles of organization or the operating agreement hature of a member of authorized representative of a member	Idress of the registered office imited liability company, it is embers of the limited liability nt of the limited liability com Rober	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. <u>+ D. Levelly</u> Printed or typed name of signed		
the ol to me	eby accept the appointment as registered agent sions of all statutes relative to the proper and cu bligations of my position as registered agent as rely reflect a change in the registered office add ed in writing of this change.	and agree to act in this capa omplete performance of my a provided for in Chapter 605 dress, I hereby confirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		

Signature of Registered Agent

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