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SECRETARY OF STATE
ALLAHASSEF, FI ORION

T. HAMPTON

NOV = 0 2011

EXAMINER

COVER LETTER

INHS18 (5/08)

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: 2 HA) UC
2. (a) Principal office address of limited liability company	000-00-1
(Note: MUST BE STREET ADDRESS)	Port Richay FL 34668
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8025 Pasadena Dr.
	1000 115 192
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	the records of the Florida Dept. of State: Eyal Volchik
Registered Office Address:	PORS Pasadena Dr. New Port Richey, FL 34668
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
NEW Registered Agent:	<u>Eyal Volchik</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8025 Pasadena Dr. Port Richey ,FL 34668
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	-
Eyal Volchik Printed or typed rame of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my possible.	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in

Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)