L11000118111

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

SEP 24 2012

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		I GRANGE MANAGEMENT L.L.C.	
	. \u	or Emilion Emonity Company	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registere	red Office Change and fec(s) are submitted for filing.	
·Please	e return all correspondence concern	ning this matter to the following:	
	GEOFFREY T. DAVIE	ES	
	Name of Person		
	HAMPTON GRANGE MANAGE	GEMENT S	ES
	Firm/Company		<u> </u>
	8374 MARKET STREE	ET SSE	12.4
	Addition		27
	LAKEWOOD RANCH FL.	ن ج	3
	City/State and Zip Code	ئر الند	5
E	STORE3837@THEUPSSTO	DRE.COM port notification)	
For fu	rther information concerning this n	matter, please call:	
	SHARI CLARK	at (941) 907-2227	
	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	rananassee, rionga 32314	
	Enclosed is a check for the follo	owing 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: HAMPTON	GRANGE MANAGEMENT L.L.C.			
2. (a) Principal office address of limited liability company	5511 UNIVERSITY DRIVE			
(Note: MUST BE STREET ADDRESS)	SUITE 102 CORAL SPRINGS FL. 33067			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
03/08/2012	# 11000118111			
	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	GEOFFREY T. DAVIES			
Registered Office Address:	5511 UNIVERSITY DRIVE			
	SUITE 102 CORAL SPRINGS FL. 33067			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: GEOFFREY T. DAVIES			
NEW Registered Office Address:	8374 MARKET STREET			
(MUST BE FLORIDA STREET ADDRESS)	LAKEWOOD RANCH ,FL34202			
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. Signature of a member or authorized representative of a member GEOFFREY T. DAVIES Printed or typed name of signee 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 performance of my duties, and I am familiar with and accept the obligations of my position 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)