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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	tified Copies Certificates of Status		
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Special Instructions to Filing Officer:			
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## COVER LETTER

TO: Registration Section Division of Corporations			
	us Moon, LLC		
Name of Limite	d 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 this matter to the following:			
, .	Ţ.		
Stanbania Stinkaviah			
Stephanie Stipkovich Name of Person	<del></del>		
,	•		
Hibiscus Moon, LLC	<del></del>		
Firm/Company			
541 SE 5 ST			
Address			
Pompano Bch, FL 33060			
City/State and Zip Code			
stipko@att.net			
Stipko@att.net E-mail address: (to be used for future annual report notificate	on)		
For further information concerning this matter, ple	call:		
ror rurner information concerning this matter, pre	ase can.		
	954 ) 786-5742		
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	P.O. Box 6327		
2661 Executive Center Circle Tallahassec, Florida 32301	Tallahassee, Florida 32314		
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Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
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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 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.

Name of the limited liability company:	Hibiscus Moon, LLC	
2. (a) Principal office address of limited liability compan	y: <u>541</u>	SE 5 St
(Note: MUST BE STREET ADDRESS)	Pompano Beach, FL 3	33060
(b) Mailing address of limited liability company:	same as above	
(Note: MAY BE POST OFFICE BOX)		
May 7, 2012	L1200006	51186
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
Registered Agent:	United States Corpora	ation Agents, Inc.
Registered Office Address:	13302 Winding Oak C Tampa, FL 33612	t., Ste. A
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	Stephanie Stipkovich 541 SE 5 St	1000
(MUST BE FLORIDA STREET ADDRESS)	Pompano Beach	,FL33060
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability 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.  Signature of member or authorized representative of a member  Stephanie Stipkovich  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 presentative of the provisions.	laws of the State of Florida Florida street address of the tical. Or, in the case of a F ) was/were authorized by a rwise provided in the article.	e registered office Florida limited an affirmative vote les of organization HASSEE, FLORIE
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address I hereby confirm that the limited liability company is signature of Registered Agent	vsition as registered agent Prely reflect a change in th Py has been notified in writi	as providéd for in' e registered office ing of this chänge.

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