L12000084834

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COVER LETTER

TO: Registration Section **Division of Corporations** Hope Financial Depot LLC address change Name of Limited 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: Maritza Fernandez Name of Person Firm/Company 910 S Cypress RD Pompano Beach FI 33060 City/State and Zip Code hopefinancialdepot@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maritza Fernandez 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 Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

■ \$55 Filing Fee & Certified Copy

3 \$25 Filing Fee

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.

agent, or voin, in the state of Pioriaa.			
1. Name of the limited liability company: Hope Financial Depot	LLC		
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 300 SE 11 Ave suite 101_A Pompano Beach FL 33060		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	300 SE 11 Ave suite 101-A pompano Beach Fl 33060		
06/27/2012	L12000084834		
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. o	f State) :
Registered Agent:	Maritza Fernandez		
Registered Office Address:	910 S Cypress RD Pompano Beach FL 33060	=======================================	SEV
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:	US -7 AM	HETARY OF OH OF CURP
NEW Registered Agent:	Maritza Fernandez	<u> </u>	<u>유</u> 도 프린
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3833 cleveland Ave suite E	<u>ယ</u> ——	3.0
MICOT DE LECRIDA STREET ADDRESS	FT Mayers	L 33309	,
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a manber or authorized representative of a member	Florida street address of the registentical. Or, in the case of a Florida s) was/were authorized by an affire	ered of limited native	d vote of
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p	agree to act in this capacity. I fur roper and complete performance o osition as registered agent as pro	ther as of my a vided t	gree to luties, or in

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