U12-000 114213

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, , ,		
(Document Number)		
(2.1		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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SECRETARY OF STATE

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U2-14213

COVER LETTER

Division of Corporations				
SUBJECT: Hondugua LLC Name of Limites	d Liability Company			
Dear Sir or Madam:	, , ,			
Dear Sit of Matani.				
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for	r filing.		
Please return all correspondence concerning this m	atter to the following:			
Inocente Garcia				
Name of Person				
Hondugua LLC				
Firm/Company				
2749 Engle Jole Cir				
3748 Eagle Isle Cir		ZEC SEC		
	•	AHA AHA	-	
Kissimmee FI, 34746		2013 AUL II PM 29 45 SECRETARY OF STATE FALLAHASSEE: FLORIDA		
City/State and Zip Code			ľ	
inogarcia@aol.com		TATI	~	
E-mail address: (to be used for future annual report notification	on)	.> ∨.		
For further information concerning this matter, plea	ase call:			
Inocente Garcia8	363 ₎ 289 0670			
Name of Person	Area Code & Daytime Telephone N	lumber		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
¥\$25 Filing Fee	□ \$55 Filing Fee & Certified Co	ору		

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. N	Name of the limited liability company: Hondugua LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	; 3748 Eagle Isle cir. Kissimmee Fl, 34748
(1	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3748 Eagle Isle cir, Klasmmee Fl, 34746
2012		90-0895974
3. E	Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Descript state:
	Registered Agent:	The Company Corporation
	Registered Office Address:	27/1 Centerville &d MI Wilmington Day 19808
		ALE 5
(l	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
	NEW Registered Agent:	Inocente Gercia
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3748 Eagle Isle Civ
		Kissimmee ,FL 34746
conf and t liabi the n	c limited liability company is not organized under the larmed that after the change or changes are made, the Floring the business office of the registered agent will be identified company, it is hereby confirmed that the change(s) nembers of the limited liability company or as otherwise operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Orgina	and of a morabol of manorized representative of a manori	
	ate Garcia ad or typed name of signee	-
	reby accept the appointment as registered agent and as oly with the provisions of all statutes relative to the prolifer form that and accept the obligations of my poster 608, F.S. Or, if this document is being filed to meress, I hereby confirm that the limited liability company	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 the registered office has been notified in writing of this change.
Signa	ture of Registered Agent	

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