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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: H, HBR L, L, C, 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:					
GREGORY WARD Name of Person					
HOLLYWOOD BEACH RESORT Firm/Company					
101 N. OCEAN DRIVE #8 Address					
HOLLYWOOD FL 33019 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
GREGORY WARD at (954) 275-3940 Name of Person Area Code & Daytime Telephone Number					
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 \$ Certified Copy					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 tor mu.				
1.	Na	Name of the limited liability company:HHBR_LLC		
2.	(a)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		HOLLYWOOD, FL 33019 H	P10EEJ7 200WYJJ0	
		·		
			12000117722	
3.		Date of filing/registration in Florida 4.	Document number	
5.	(a)	a) LEVY, WANDA	_	
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	e:	
		101 N. OCEAN DRIVE SUITE #8 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_	
		inegasioned Circle Hadrost		
•		HOLLYWOOD, FL 33019	16 SEF	
	(b)	B) GREGORY WARD	79 - 9	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	무를	
		101 N. OCEAN DRIVE SUITE #8	1 (CP) 19 PM 1: 04 AKK OF STATE ASSFELFLORID	
		NEW Registered Office Address:	= 0m 4°	
			_	
		HOLLY WOOD , FL 33019	_	
th ag which	e cha gent v as/wo e arti	reby accept the appointment as registered agent and agree to act in this car	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. GORY WARD Printed or typed name of signee pacity. I further agree to comply with the	
př th to	ovisi e obl mer	visions of all statutes relative to the proper and complete performance of my obligations of my position as registered agent as provided for in Chapter 60 erely reflect a change in the registered office address, I hereby confirm that fied in writing of this change.	duties, and I am familiar with and accept 5. F.S. Or. if this document is being filed	
S	ignatu	ature of Registered Agent		

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