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(B	equestor's Name	<u> </u>
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PICK-UP	WAIT	MAIL
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cover letter

	istration Section ision of Corporations		
SUBJECT:	Sams Family Hickory Ridge	, LLC	
50202011		ne of Limited Liab	ility Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please return	n all correspondence concerning th	is matter to the fol	lowing:
Pietrina S	ams		
	Name of Person		•
C/o CATH	HERINE SAMS		
	Firm/Company		•
656 Beac	h Drive NE, Apt #8		
	Address		•
St. Peters	burg, FL 33701		
	City/State and Zip Code		•
	@gmail.com		
E-mai	l address: (to be used for future and	nual report notifica	ition)
For further	information concerning this matter	, please call:	
Pietrina S		78 6	210 7707
	Name of Person		Area Code & Daytime Telephone Number
Reg Div Clif 266	REET/COURIER ADDRESS: cistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301	Regis Divis P.O.	tration Section ion of Corporations Box 6327 hassee, Florida 32314
Enc	closed is a check for the following	g amount:	
☑ \$	325 Filing Fee	□ \$55	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

. Na	me of the limited liability company: Sams Famil	y Hicko	ory Ridge, LLC	
(a)	Pietrina Sams C/o CATHERINE SAMS		(b) Pietrina Sams C/o CATHERINE SAM	S
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	··················\	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	y:
	656 Beach Drive NE Apt #8		656 Beach Drive NE Apt #8	
	St. Petersburg, FL 33701		St. Petersburg, FL 33701	
	3/22/2013		L13000043247	
	Date of filing/registration in Florida	4.	Document number	
(a)	Pietrina Sams			
(4)	Registered Agent and Registered Office shown on the records	of the Florid	orida Dept. of State:	
	1613 60th Street South		<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES		
	Gulfport , I	_L 33701	017	 [**]
(b)	Pietrina Sams (Reg agent's name does not Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> C/o CATHERINE SAMS 656 Beach Drive	ed Office a	<u></u>	···
	NEW Registered Office Address:			
	Apt #8			
	St. Petersburg , I	_{FL} 33701	01	
gent veras/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and a conso of all statutes relative to the proper and completingations of my position as registered agent as provided the proper of the proper and completing the	of the reg liability of s of the limited	egistered office and the business office of the registy company, it is hereby confirmed that the change limited liability company or as otherwise provided ed liability company. Printed or typed name of signee act in this canacity. I further garee to comply with	ster (s) d in

Signature of Registered Agent