13000046000

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT . MAIL		
(Business Entity Name)		
L13-46030		
(Document Number)		
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SECRETARY OF STATE

N. Cutilgan Allf - 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

 $_{
m SURIECT}$. FL & HO LLC

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:

LUCRECIA G JIMENEZ

Name of Person

Firm/Company

3307 TUSCANY WAY

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

lupitajr62@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUCRECIA G JIMENEZ at (561) 727 7502

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

■ \$55 Filing Fee & Certified Copy



August 5, 2013

LUCRECIA G JIMENEZ 3307 TUSCANY WAY BOYNTON BEACH, FL 33435

SUBJECT: FL&HO LLC

Ref. Number: L13000046030

We have received your document for FL&HO LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 413A00018734

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

Purşuant 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. Name of the limited liability company: FL&HOLLC	
2. (a) Principal office address of limited liability compare (Note: MUST BE STREET ADDRESS)	ny: 2345 N 2ND AVE #110 LAKE WORTH FL 33461
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1231 W PINE ST LANTANA FL 33462 L13000046030
3. Date of filing/registration in Florida	4. Document number
 5. (a) Registered Agent and Registered Office shown of Registered Agent: Registered Office Address: (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI NEW</u> Registered Agent: 	FILED 2013 SEP 112 AM SECRETAIN OF S FALLAHIAS SEE, FL
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3307 TUSCANY WAY BOYNTON BEACH
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized appresentative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited
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 Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compa	— agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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