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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HERBOR'S REALTY GUZOUP 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:			
DON D. BUTLER SR. Name of Person			
HORBDR'S REALTY GROUAD LIC Firm/Company			
1572 N.E. 149 STREET Address			
Miami, FL 33161 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DON D. BUTLER SR at (305) 454 9694 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:			
D \$25 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.

1. N	ame of the limited liability company: Herbar's Real	ty Group LLC
2. (a)	15-70 NT M/A A	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33161	
3.	Date of filing/registration in Florida 4.	14000058617
 (a) 	INCOM SERVICES, INC.	Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. 17888 67th COURT NORTH Registered Office Address MUST BE FLORIDA STREET ADDRESS)	of State:
(b)	LOXANATCHER, FL 3347 DON D. BUTLER Enter name of NEW Registered Agent and/or NEW Registered Office address:	SECRE TALL AF
	1572 NE., 149 STREET NEW Registered Office Address:	TARY OF ST ASSEE, FLO
	MIAMI, ,FL 33161	TATE ORIDA
the ch agent was/w the ard	limited liability company is not organized under the laws of the State ange or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability companyere authorized by an affirmative vote of the members of the limited liticles of organization or the operating agreement of the limited liability affirmative of a member or authorized representative of a member	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee
provis the ob to men notifie	eby accept the appointment as registered agent and agree to act in this ions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapterely reflect a change in the registered office address, I hereby confirmed in writing of this change. The confirmed of this change is the confirment of Registered Agent	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been