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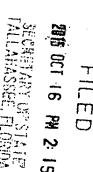
(Red	questor's Name)			
(Add	dress)			
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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations			
Hanna Investments LLC			
SUBJECT: Name	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing		
Please return all correspondence concerning this	s matter to the following:		
Neena Madan			
Name of Person			
Hanna Investments LLC			
Firm/Company			
12682 Langstaff Drive			
Address			
Windermere Florida 34786			
City/State and Zip Code			
frenchbordeaux8@yahoo.com			
E-mail address: (to be used for future annu	nal report notification)		
For further information concerning this matter, p	please call:		
Neena Madan	407 808-3508		
Name of Person	_ at () Area Code & Daytime Telephone Number		
Thank of Fernon	Their court to Buy time Totophone Tumber		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
≥ \$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. Na	Hanna Invest	ment				
2. (a)			(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited li (Note: MAY BE POST (iability company:	_
	12682 Langstaff Drive		12682 L	angstaff Drive		
	Windermere Florida 34786		Winder	mere Florida 34786		_
	May 1, 2015		L150000	77113		
3.	Date of filing/registration in Florida	4.		Document number		_
5. (a)	Business Filings Incorporated					
J. (u)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	e:		
	Registered Office Address (MUST BE FLORIDA STREET) 515 East Park Avenue	ADDRE	<u>(SS)</u>	_	. The N	
	Tallahassee , FI	3230)1	_	ALL AREA	_
(b)	Neena Madan				1 - 6 1 - 6	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	_	PH STATE, FLORIE	
	NEW Registered Office Address:			_	<u>™</u> 5	
	12682 Langstaff Drive			_		
	Windermere	3478	16			
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the re ability of the l	gistered offic company, it is imited liability d liability cor	e and the business officis hereby confirmed that ty company or as other mpany.	ce of the registere at the change(s) wise provided in	:d
Signa	ture of a member or authorized representative of a member	_	/ VET/L	Printed or typed name of	signee	
provisa	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	perfor	mance of mv	duties, and I am famili	iar with and accei	pt -

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

notified in writing of this change.

Signature of Registered Agent