LIL 6000 76520

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



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COVER LETTER

| Division of Corporations | | | | |
|--|---|--|--|--|
| DJH HAMBURG LLC SUBJECT: | | | | |
| | mited Liability Company | | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered Office Cha | nge and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matte | er to the following: | | | |
| RALPH HORN | | | | |
| Name of Person | | | | |
| | | | | |
| Firm/Company | | | | |
| 2601 SOUTH BAYSHORE DR., SUITE 1200 | | | | |
| Address | | | | |
| MIAMI, FL 33133 | | | | |
| City/State and Zip Code | | | | |
| RALPH@BRIDGELOANINVESTORS.COM | | | | |
| E-mail address: (to be used for future annual rep- | ort notification) | | | |
| For further information concerning this matter, please | call: | | | |
| RALPH HORN at (| 305 722-7222 | | | |
| 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 amoun | nt: | | | |
| ☑ \$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.

| I. Na | nme of the limited liability company: DJH HAM | BURG LLC | |
|--|---|--|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | Date of filing/registration in Florida | 4. | Document number |
| i. (a) | ATRIUM REGISTERED AGENTS, INC. | | |
| | Registered Agent and Registered Office shown on the record | ls of the Florida Dept. o | of State: |
| | 8950 SOUTHWEST 74TH COURT | | 17 VIL |
| | Registered Office Address (MUST BE FLORIDA STRE | <u>(ET ADDRESS)</u> | 7 OCT - |
| | SUITE 1901 | | ASS |
| | MIAMI | , _{FL} 33156 | 29 |
| (b) | RALPH HORN Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | ered Office address: | TOCT -2 AM J: 41 ECRETARY OF STATE LLAHASSEE FLORIDA |
| | 2601 SOUTH BAYSHORE DR. | | |
| | NEW Registered Office Address: | | |
| | SUITE 1200 | | |
| | MIAMI | _{. FL} 33133 | |
| he cha gent v vas/we he arti | imited liability company is not organized under the inge or changes are made, the Florida street addressivill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of | s of the registered of d liability company ers of the limited lia | office and the business office of the registered, it is hereby confirmed that the change(s) ability company or as otherwise provided in |
| l herel provisi he obl o mere potified | ture of a negative of authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address in writing of this change. | agree to act in this lete performance of ided for in Chapte s, I hereby confirm | converts. I forther arrea to comply with the |