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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : 120150000127

Phone : (800)567-4397 : (800)567-4398

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: fitzhughmail@gmail.com

LLC REGISTERED AGENT CHANGE HUGH INVESTMENTS, LLC

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Corporate Filing Menu

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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	HUGH INVESTMENTS, LLC				
SUDJE		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Office	Change and fee(s) are submitted	for filing.		
Please re	eturn all correspondence concerning this t	atter to the following:			
Justin I	Fitzhugh				
·_	Name of Person				
HUGH	INVESTMENTS, LLC				
	Pirm/Company				
7185 C	COLFAX AVE, SUITE 100				
	Address				
CUMM	IING, FL 30040				
	City/State and Zip Code				
-	hmail@gmail.com				
E-1	mail address: (to be used for future annua	report notification)			
For furth	her information concerning this matter, pl	ase call:			
Kathy (Clark	800 567-4397			
	Name of Person	Area Code & Day	ytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Taliahassee, Florida 3	ons		
	Enclosed is a check for the following a	ount:			
	S25 Filing Fee	S55 Filing Fee & Cer	rtified Copy		
INHSIB	(2/14)				

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		LIABILITY COM	
Purşu submi Florid	ant to the provisions of sections 605.0114 or 6 is the following statement in order to chang la.	05.0116, Florida Sta e its registered offic	ntutes, the undersigned limited liability company se or registered agent, or both, in the State of
l. N	ame of the limited liability company: HUGH	INVESTMENTS,	LLC
2. (a)		(b)	Mailing address of limited liability company:
` '	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nois: MAY BE POST OFFICE BOX)
	7185 COLFAX AVE, SUITE 100		85 COLFAX AVE, SUITE 100
	CUMMING, FL 30040	C	JMMING, FL 30040
	05/12/2016	L16	3000093012
3.	Date of filing/registration in Florida	4.	Document number
5 (a)			
). (a)	Registered Agent and Registered Office shown on the r	ecords of the Florida Dep	or, of State:
	UNITED STATES CORPORATION A		
	Registered Office Address MUST BE FLORIDA		
	5575 S. SEMORAN BLVD. SUITE 3		
	ORLANDO	.FL 32822	
(b)	Enter name of NEW Registered Agent and/or NEW I	1000-110-0	V, 5, 2
	Enter name of NEW Registered Agent and/or NEW	Counteled Other For Es	3
	URS AGENTS, LLC		PILE TALL ARASSI
	NEW Registered Office Address:		-9 -9
	3458 LAKESHORE DRIVE		
	TALLAHASSEE	, FL 32312	OO
the chagent was/withe ar Sign I heroprovide the old to me	will be identical. Or in the case of a Florida is vere authorized by an affirmative vote of the miticles of organization or the operating agreementative of a member of a memb	t and agree to act in complete performance performance to the limited liab	any, it is hereby confirmed that the change(s) it liability company or as otherwise provided in