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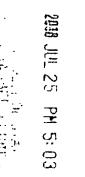
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COVER LETTER

TO: Registration Section Division of Corporations	Loel P,
Division of Corporations SUBJECT: HC Manage Infect Name of Limit	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Stephanit Curring Name of Person	
H?C MONAgement group, Firm/Company	lle
5956 SANDBIL (4 VOY Address	
LOKE LOVIN FL 334 City/State and Zip Code	<u>63</u>
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
NIKITO HEVMES Man at (5) 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 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$25 Filing Fee	S55 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.

l. Na	me of the limited liability company: HCC MONOCEMENT group, lle
2. (a)	Principal office address of limited liability company: (b) 5156 SAY DBITCH LAGY Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	<u>lakt worth fl 33463</u> <u>lakt worth fl 33463</u>
3.	08/16/20/6 L/6 000 /55 5/7 Date of filing/registration in Florida 4. Document number
	Stephanit Curra
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5986 SANDBIY (6 WAY Lake Jum FL 33463 NIKITA HAVMEJ MAN Enter name of NEW Registered Agent and/or NEW Registered Office address: 5986 SANDBIY (6 WAY NEW Registered Office Address:
	1 all 2 1 acr- 00 de 0
	lakt worn , FL 33 463
the cha agent y was/whithe arti Signal I herel provisi the obt to mere notifice	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clessof organization or the operating agreement of the limited liability company. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been for Negistered Agent