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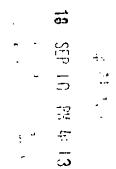
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

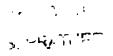
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: HWH RANCH LLC				
	Na	Name of Limited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning the	nis matter to the	e following:		
Paula	a Haderle				
	Name of Person	····			
HWH	Ranch				
	Firm/Company		<u>.</u>		
4505 I	El Dorado Way		\cdot		
	Address	<u> </u>			
Melbo	urne, FL 32934				
	City/State and Zip Code		<u> </u>		
pmhac	derle@yahoo.com				
E-	mail address: (to be used for future and	nual report noti	fication)		
For furt	her information concerning this matter,	please call:			
Paula	Haderle	321 at (427-0246		
	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	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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.

. Name of the limited liability company:	HWH RANCH LLC
. (a)HWH RANCH LLC	(b) HWH RANCH LLC
Principal office address of limited lia (Note: MUST BE STREET A	ility company: Mailing address of limited liability company:
4505 EL DORADO WAY	4505 EL DORADO WAY
MELBOURNE, FL 32934	MELBOURNE, FL 32934
08-30-2017	L17000185209
Date of filing/registration in	Florida 4. Document number
(a) UNITED STATES CORPORAT	ION AGENTS, INC.
Registered Agent and Registered Office show	on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FL	ORIDA STREET ADDRESS)
13302 WINDING OAK CT., A	·
TAMPA	, FL 33612
	,FL
(b) PAULA HADERLE	-7 -7
Enter name of NEW Registered Agent and/or	NEW Registered Office address:
	· ~ ~
NEW Registered Office Address:	
4505 EL DORADO WAY	
MELBOURNE	, FL 32934
ent will be identical. Or, in the case of a Fl s/were authorized by an affirmative vote of articles of organization or the operating ag	PAULA HADERLE
Signature of a member or authorized representative of	a member Printed or typed name of signee
nereby accept the appointment as registered ovisions of all statutes relative to the prope obligations of my position as registered a mexely reflect a change in the registered of	l agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and accep tent as provided for in Chapter 605, F.S. Or, if this document is being filed fice address, I hereby confirm that the limited liability company has been

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

ifield in writing of this change.

Signature of Registered Agent