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(Re	questor's Name)				
(Address)					
(Ad	dress)	<u> </u>			
(Ĉit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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K SALV

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Houda Strage Parama Cety LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Tep Filer						
Holda Swaz fanama lety LC Firm/Company LOI N. Lengress Ave Swite 114A						
601 N. Centress Ave Swite 114A						
Delicy Beach, H 33445						
E-mail address: to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (576) 500 - 1000 Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 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

Pursua submit.	uant to the provisions of sections 605.0114 or 605.0116, Flowits the following statement in order to change its registere	rida Statutes, the ed office or reg	e undersigned lim gstered agent, or	ited liability company both, in the State of
Floride	da.	-1 [anama Ci	4. // 0
1. Na	Name of the limited liability company: Houda	Horage t	andra C	
2. (a)	3129 NW 15th Street	(b)60[N. Concre	iss Ave
` '	Principal office address of limited liability company:		ailing address of limit	
	(Note: MUST BE STREET ADDRESS)	((Note: MAY BE POS	<u>ST OFFICE BOX</u>) ∕\
	Tunamacety, 1 30401		Jula 1141	' +
			Delray Be	ach, H 33
	10/17		/ /	51887
3.	Date of filing/registration in Florida 4.		Document number	
5. (a)	1 2 Ana Marriano /	1954 Sh	wws in Sun	POS MY DOB
J. (u)	Registered Agent and Registered Office shown on the records of the Flo			
	8203 Quitollace			
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	ESS)		
	Willenston			
	FI. 33	445		8
	7.1	<u> </u>		
(b)	120 ta			5 5
•	Enter name of NEW Registered Agent and/or NEW Registered Office	address:		맘
	601 N. Converss Ave 5	Suite 110	4A	PH 3: 59
	NEW Registered Office Address:	<u> </u>		
	On Dan Roll	3,111	-	
	Let ay Deach FL 3	J445		
If the li	limited liability company is not organized under the laws of	the State of Flor	ida, it is hereby co	onfirmed that after
the cha	nange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability	egistered office a	and the business o	ffice of the registered
was/we	vere authorized by an affirmative-vote of the members of the	limited liability	company or as oth	
the arti	ticles of organization or the operating agreement of the limite	ed liability comp	pany	/
Signat	ature of a member or authorized representative of a member		Printed or typed name	of signed
_	eby accept the appointment as registered agent and agree to		,,	č
provisi	sions of all statutes relative to the proper and complete performing of my position as well as a provided for	rmance of my di in Chapter 605	ities, and I am Jan E.S. Or if this do	ie to compty with the tiliar with and accept cumant is being filed
to mere	sions of all statutes relative to the proper and complete perfo oligations of my position as registered agent as provided for i rely reflect a change in the registered office address, I hereby ed in writing of this change:	v confirm that th	ne limited liability	company has been
nouget	an mang of the change.			
Signatur	ture of Registered Agent			
	Division of Cornerations & B.O. Box 6	2774 Tallohore	oo El 22214	