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(Address)				
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Haim Reduction Center, 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:			
Kevin Chai Name of Person			
L'arm Reduction Center, UC Firm/Company			
2801 N Flagler Pr. Address			
West Palm Beach, FL, 33407 City/State and Zip Code			
Kchoi Charmreduction Center. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kevin Choi at (561) 602 - 5224 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 amount:			
\$25 Filing Fee \$25 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.	, ,		11/
1. Name of the limited liability company: Haim Real	uction	Center,	LLC
2. (a) 2801 N Flagler Pr.	(b)	2801 N	Flagler Dr.
Principal office address of limited liability company:	_ ("/	Mailing address	of limited liability company:
(Note: MUST BE STREET ADDRESS)			BE POST OFFICE BOX)
West Pulm Beach, FL,		est Pulm	13(90h, 1-C,
33407	_ <u>3</u>	3407	
12-11-2017	L	1700029	52727
3. Date of filing/registration in Florida	4.	Document n	umber
5. (a) John W Boyer			
Registered Agent and Registered Office shown on the records of t	he Florida Dep	t. of State:	
3300 PGA Blud Suite	625		19
Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		12 第 万
Pulm Beach Gardens	.		10
	3340	12	3
,,			
(b) Hutchinson & Huffman,	P4-		÷ 5
Enter name of NEW Registered Agent and/or NEW Registered	Office address	ij.	>
515 N Flagler Dr.	#40	<u>'/</u>	
NEW Registered Office Address:			
West Palm Beach			
, FL	334	0	
If the limited liability company is not organized under the law	vs of the Stat	te of Florida, it is he	reby confirmed that after
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia	the registere	ed office and the bus	iness office of the registered firmed that the change(s)
was/were authorized by an affirmative vote of the members of	of the limited	liability company o	r as otherwise provided in
the articles of organization or the operating agreement of the	imited trabi	iity company.	•
Signature of a member or authorized representative of a member	<u></u>	Printed or type	ed name of signee
I hereby accept the appointment as registered agent and agr	ee to act in t	his capacity. I furth	er agree to comply with the
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflectly change in the registered office address, I I	performance d for in Chap hereby confil	e of my duties, ånd l oter 605, F.S. Or, if orm that the limited li	am Jamiliar with and accept this document is being filed ability company has been

Signature of Registered Agent F. CHUTCHNBON, Pros.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00