L1800063783

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		OK Procu		

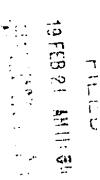
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RIKIU

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: THE JEHO	Name of Limited Liability Company			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.			
Please return all correspondence conce	erning this matter to the following:			
SEAN JEHY Name of Perso				
Name of Perso	חוכ			
THE JEHY GROUP,	<u> </u>			
ZOOU GEROA TE	ERRACE			
ORLAND, FL 3 City/State and Zip	2804 Code			
Sean. jehu Ogn E-mail address: (to be used for fi	rail.com //			
For further information concerning this	s matter, please call:			
SEAN JETTY Name of Person	at (703) 307 - 8882 Area Code & Daytime Telephone Number			
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	·			
Enclosed is a check for the fo	ollowing amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comparabilitis the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company:	Hu Gro	AP, CCC
2 (a)	SEAN JEHY	(b)	SEAN JEHY
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	355 WEST VENICE AVE		355 WEST VENICE ANE
	VENICE, FL 34285		VENICE, FL 34285
	3/11/18	_	L18000063783 TD TD
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	NIA		cun_
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	νιΑ		
	, <i>NIA</i> FL	NA	<u> </u>
(b)	SAME AS BEFORE (SEAN	JE+IU)	BOTH REGISTERED AND
` '	Enter name of NEW Registered Agent and/or NEW Registered		mailing Address Ch
	ZOOO GERNA TERRACE		TO NEW ADDRESS 5
	NEW Registered Office Address:		
	ORLANDO FL	3280	·4
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the Sta the register ability comp of the limited	ate of Florida, it is hereby confirmed that after red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	S-1/-		SEAN JEHU Printed or typed name of signee
Signa	ture of a member or authorized representative of a member		rtimed of typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent