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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Coples	Certificate	s of Status
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SECRETARIA STATE

CT CORPORATION

November 6, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399



Re:

Order #: 5716082 SO Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

HILDALGO TRADING COMPANY, L.C. (FL)
Misc - Domestic LLC Filing - Change of agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

Pursuant to the provisions of sections 608.416 or 608.508. 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.

1. The name of the limite	d liability company is:	Hildalgo Trading Compan	y, L.C.
i. The name of the mine	and the last test the state of	830-13 State Ro	ad A1A North
		mpany is: 830-13 State Ro	
Suite #201, Ponte Ved	ra Beach, FL 32802		
1-11-96		L9600000005	1
3 Date of filing/registrati	on in Florida	4. Document nur	mber 7 8
5. The name of the register Florida Department of S		ered office address as shown	on the pecords of the
14011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Kruger, Paul A		e o m
	830-13 State Road	Name A1A N., Suite #201	TECHNICAL TO
	Ponte Vedra Beach		10 TO
£ The name and address a		State and Zip	
6. The name and address of			
	CT Corporation Sys		
	1200 South Pine Isla	iame and Road	
•	Florida street address	(P.O. Box NOT acceptable)	
	Plantation	FL 33324	
·	City, St	ate and Zip	
confirmed that after the ch and the business office of liability company, it is here the thembers of the limited the operating agreement of	ange or changes are ma the registered agent will by confirmed that the of I hability company or as the limited liability con	•	of the registered office of a Florida limited
Signature of a member or aschariz	Į į)	• •
(Printed or typed name of signee)	RUGER		
• • •	itment as registered ago of all statutes relative accept the obligations is document is being fil hat the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, gent as provided for in In the registered office writing of this change.
(note of well winds to the second se			

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

FILING FEE: \$25.00