

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000185227 3)))



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## LLC REGISTERED AGENT CHANGE HILLIARD LEASING, L.L.C.

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FAX AUDIT NO.: H13000185227 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENTOR 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. Nan	ne of the limited liability company: HLLWAD LEASING L.	.c.
2 (2)	Deimoinal office address of United 15-1-15-	((00 5) 45000 5 00 45
2. (a) 1	Principal office address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	CLEWISTON, FL 33440-9429
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Mailing address of limited liability company	5500 FLAGHOLE ROAD
	CLEWISTON, FL 33440-9429	
05 104 (400 #		
05/31/1996		C0900000000
3. Date	of filing/registration in Florida	Document number
5. (a)	Registered Agent and Registered Office shown on the	nc records of the Florida Dept. of State:
i	Registered Agent:	JOE M HILLIARD
1	Registered Office Address:	500 FLAGHOLE ROAD
	registered Office Address.	CLEWISTON, FL 33440-9429
(b) <b>f</b>	Enter name of NEW Registered Agent and/or NEW	Registered Office address:
<u>1</u>	NEW Registered Agent:	HF REGISTERED AGENTS, LLC
1	NEW Registered Office Address:	1715 MONROE STREET
1	MÜST BE FLORIDA STREET ADDRESS)	FORT MYERS F( 33901
		FORT MYERS ,FL 33901
confirmed and the lability the mem	nited liability company is not organized under the lated that after the change or changes are made, the Flobusiness office of the registered agent will be identiced company, it is hereby confirmed that the change(s) abors of the limited liability company or as otherwise ating agreement of the limited liability company.	rida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
, ggr	the state of the s	
	TESMAN, AUTHORIZED REPRESENTATIVE	
	typed name of signee	
l hereby comply v ind l'am Chapter iddress,	vaccept the appointment as registered agent and agent the provisions of all statutes relative to the project familiar with and accept the obligations of my positions. F.S. Or, if this document is being filed to mere I hereby confirm that the limited liability company.	ree to act in this capacity. I further agree to ver and complete performance of my duties, tion as registered agent as provided for in tly reflect a change in the registered office has been notified in writing of this change.
Signature o	PRegistered Agent GUY E. WHITESMAN, VICE PRESI	DFNT

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

INHS18 (05/08)