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POLEY & RIC	H. L.L.C.						
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HACKENSACK,	NJ 07601						
	Address			-			
City/State/2	Zip Phone #			7000072026 -08/19/02010 *****75.00	:175 064007 *****25.00		
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NEW FILINGS		AMEND	MENTS				
Profit Not for Profit Limited Liability Domestication Other		Resig	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
OTHER FILIN	<u>GS</u>	REGIST	RATION/Q	<u>UALIFICATION</u>	-		
Annual Rep		Rein:	ted Partnersh statement emark	nip			
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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.

 The name of the limite The mailing address of 				
Morristown, Ne		960	D Hapte Ave.	
9/23/98 3. Date of filing/registrat	ion in Florida	4.	L98000019	
5. The name of the register Florida Department of6. The name and address	State: William A. 4729 Highwa Orange Park	Name y 17, Suite Address FL 3200 ity, State and Zip	203	the records of 02 AUG 19 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORID
	Florida street add			
If the limited liability con confirmed that after the cl and the business office of liability company, it is let the members of the limite the operating agreement of The Hampshire 20	pany is not organized ange or changes are the registered agent feby confirmed that diability company of the limited liability LLC	ted under the laws to made, the Floridat will be identical. the change(s) was or as otherwise protection or as The Hamp	a street address of t Or, in the case of a were authorized by ovided in the articl	the registered office a Florida limited y an affirmative vote of les of organization or
(Printed or typed name of signee) I hereby accept the appois comply with the provision and I am familiar with an Chapter 608, F.S. Or, it address, I hereby confirm (Signature of Registered Agent)		d agent and agree tive to the proper tions of my position ng filed to merely t bility company has	to act in this capas and complete perfo n as registered age reflect a change in been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.

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

INHS18(10/99)

FILING FEE: \$25.00