1. Entity Name

HEL'S HEAVEN L.L.C.

Principal Place of Business

7530 S.W. 152 TERRACE MIAMI FL 33157

Mailing Address

7530 S.W. 152 TERRACE

MIAMI FL 33157-2434

APPROVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	4.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I						
2. Principal Place of Business 7350 S.W. 152 Terrace				3. Mailing Address 7350 S.W. 152 Terrace				[51181 31(1 1 3 8)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State				ty & State		4. FEIN	4. FEI Number Applied For Not Applicable				·	
Zip	Country Zip)	Country	5. Certi	Sertificate of Status Desired					
	6. Name a	nd Address of	Current Registe		7. Name and Address of New Registered Agent							
			-	Name	Name							
	Gents Inc Rporate bly	/D., STE 107		Street Address (P.O. Box Number is Not Acceptable)								
BOCA RATON FL 33431							·	<u>.</u>		T		
					City			FL	Zip Code			
8. The above SIGNATURE.	named entity s	submits this stat	ement for the pu	pose of changing its	registered office or i	registered agent,	or both, in t	ne State of Florida	a. ·			
JIGHAIOHE .	Signature, typed or	printed name of regist	ered agent and title if a	pplicable. (NOT	E: Registered Agent signatur	e required when reinstat	ting)		DATE			
	·				OW!!! FEE IS \$5							
9.			MEMBERS/ME	MBERS	10.			ADDITIONS/CH	IANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manage Hollub 7350 S Miami,	r , Harry , W. 152 , FL 3315	Terr.	C Ocieta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	500	0032: -04/26/0 *****50	901	0450 +****		
TITLE NAME STREET ADDRESS CITY- ST- ZIP				☐ Detate	TITLE NAME STREET ADDRESS CITY- 87-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delota	TITLE NAME STREET ADDRESS CITY-87-ZIP	. =		· -		Cyánde	_ C Addition	
TITLE NAME STREET ADDRESS CITY-8T-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	<u>-</u>	Change	Addition	
TITLE NAME STREET, ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		<u>.</u>	☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, ,		Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

∥RE[Harry Hollub, Manager

Daytime Phone #