maxxxxxxxxxx

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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RA address

02/13/15--01029--010 **25.00



2/16/15

COVER LETTER

Registration Section

TO:

Divi	sion of Corporations							
SUBJECT:	HD AMERICAN ROAD LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the	following:					
Marie Hau	ıer							
	Name of Person		_					
C T Corpo	ration System							
	Firm/Company		_					
111 8th Av	venue, 13th Floor							
	Address		_					
New York	, NY 10011							
	City/State and Zip Code		_					
	er@wolterskluwer.com							
E-mail	address: (to be used for future and	iual report noti	fication)					
For further in	nformation concerning this matter	, please call:						
	Marie Hauer	212 at (894-8504					
	Name of Person	(Area Code & Daytime Telephone Number					
Regi Divi Clift	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle	Re Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	ahassee, Florida 32301 closed is a check for the following	g amount:						
☑ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy					
INHS18 (2/14	4)							



February 10, 2015

Department of State
Att: Brenda Tadlock
Division of Corporations, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR HD AMERICAN ROAD LLC

Dear Ms. Tadlock,

NRAI Services, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: NRAI, 515 E. Park Avenue, Tallahassee, FL 32301 to:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

Enclosed is our check for \$25.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services 111 8th Avenue, 13th Floor New York, NY 10011 marie.hauer@wolterskluwer.com

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: HD AMERICAI	N RO	AD LLC			
		Principal office address of limited liability company:		o)	Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)	-		(Note: MAY BE POST OFFICE BOX)		
		05/25/2000		м000000	01009		
3.5.	(a)	Date of filing/registration in Florida NRAI	4.		Document number		
	. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 515 EAST PARK AVENUE			15 FEB 13		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	(b)	TALLAHASSEE , FL	32301				
		NRAI Services, Inc.		: 22 6ND:			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
		1200 South Pine Island Road					
		NEW Registered Office Address:					
		Plantation, , FL	33324		_		
th ag w	e cha gent v as/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of ti will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li-	he regi pility controlling	stered offic- ompany, it in ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	Signa	ture of a member or authorized representative of a member		-	Printed or typed name of signee		
I pi	here ovis e obi mer otifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change.	e to ac perform for in ereby c	t in this cap lance of my Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
(<u>s</u>	iguali	THUM All Ment (1997)					

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