mol 00000 107/

; (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL MAIL
(Bu	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	_	





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02/04/10--01016--012 **25.00



S. HAWKES
FEB 5 - 2010
EXAMINER



January 29, 2010

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: HHP - Melbourne, L.L.C.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Victor Alfano Vice President

Encl.



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.

Name of the limited liability company:	<u> HHP - Melbourne, L.L.Ç,</u>	
2. (a) Principal office address of limited liability company	200 Rialto E	lace T
(Note: MUST BE STREET ADDRESS)	Melbourne, FL 32901	
(b) Mailing address of limited liability company:	401 Veterans Blvd., S	Suite 102
(Note: MAY BE POST OFFICE BOX)	Metairie, LA 32901	95 5 80 5
05/11/2001	M01000001071	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	W Registered Office address: NRAI Services, Inc. 2731 Executive Park Drive.	Cuito 4
(MUST BE FLORIDA STREET ADDRESS)		
	Weston,	FL <u>33331</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the regist ical. Or, in the case of a Florida was/were authorized by an affi	tered office Limited rmative vote
Christopher Schott, Manager	_	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited highly company NRAI Services, Inc. by: Signature of Registered Agent Victor Alfano, Vice President	gree to act in this capacity. I fu oper and complete performance sition as registered agent as pro rely reflect a change in the regis y has heen notified in writing of	rther agree to of my duties, wided for in stered office this change.

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

INHS18 (05/08)