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# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: CORPORATE CREATIONS INTERNATIONAL, INC.

Account Number : 110432003053

Phone

: (305)672-0686

Fax Number

: (305)672-9110

## REGISTERED AGENT CHANGE

## HQM OF SURREY PLACE, LLC

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AUG 15 2005 M. Thomas

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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 508.416 or 608 submits the following statement in order to change its re-	L508, Florida S gistered office o	isatures, the uru or registered ago	derzigned limited liab ent, or both, in the Sta	ility compar te of Florida	1y a.	
1. The name of the limited liability company is: HQM of	Surrey Place,	IC			<b>•</b>	
2. The malling address of the limited liability company is	s: 2979 POA E	LVD.			_•	
PALM BEACH GARDENS FL 33410			· · · · · · · · · · · · · · · · · · ·	<del></del>	_•	
8/12/2002			M02000002117			
3 Date of filing/regionation in Florida	4,	Document num	ber		_	
5 The name of the registered agont and the registered of Florida Department of State;	Mice address as	shown on the re	cords of the			
ADAMS, SANDRA	Name					
2979 PGA BLVD	•			****	~	
	Address			<b>E</b> SS	05 AUG 12 AM	
PALM BEACH GARDENS FL 33410				Æ		
City, S	State and Zip			الدو	<del></del>	
3. The name and address of the new registered agent and	Vor office:				i V	
Corporate Creations Nets				<u> </u>	<u>~</u>	
	Name			STA		_
11380 Prosperity Parms   Florida street address		l'acceptable)		PAR A	9: 51	
Palm Beach Gardens	FL_	33410	Name of the Property of the Pr		_	
City, !	State and Zip					
if the limited liability company is not organized under the or changes are made, the Florida street address of the regidentical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability the operating agreement of the limited liability company.  (Signature of a member or authorized representative of a member of a member of authorized representative of a member of authorized representative of a member o	pistered office a mpany, it is her y company or a	ed the business of the confirmed the confirm	office of the registered hat the change(s) was/	l agent will i were author	be ized by	
Angela E. Howard		,				
(Printed or Typed name of signes)  I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent as provided for in Chapte in the registered office address. I hereby confirm that the Company of Registered Agent)  Division of Corporations, Publisher 1969	nance of my du er 608, F.S. Or timised liability A	ties, and I am fo , if this docume , company has t 1998 HOWAI	unitiar with and accept at is being filed to mer been parified in writing rd, ASSL Secretal	t the obligately reflect a gof this char	tions of change	5
Corporate Oreations International Inc.						

941 Fourth Street Miami Beach FL 33139

(561) 694-8107