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J. BRYAN

DEC 1 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	HGOP LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Miriam Katz		
Name of Person	<u>ی</u> ے	
Vcorp Services, LLC	2012 DEC 10 FT STATE SECRETARY OF STATE TALLAHASSEE. FLORID	71
Firm/Company		
	FAR 5	1
25 Robert Pitt Drive, Suite 204	er a	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Address		
	ORE	 سي
Monsey, NY 10952		ڡ
City/State and Zip Code	<u></u>	
mkatz@vcorpservices.com E-mail address: (to be used for future annual report notific	ication)	
For further information concerning this matter, p	please call:	
Miriam Katz at	ı (845) <u>425-0077</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

1. Name of the limited liability company:	HGOP LLC
2. (a) Principal office address of limited liability company	y: 4512 FARRAGUT RD.
(Note: MUST BE STREET ADDRESS)	BROOKLYN NY 11203
(b) Mailing address of limited liability company:	4512 FARRAGUT RD.
(Note: MAY BE POST OFFICE BOX)	BROOKLYN NY 11203
08/28/2002	M02000002259 4. Document number the records of the Florida Dept. of State GANZ, SIMON 5055 COLLINS AVE APT 3C
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 States
Registered Agent:	GANZ, SIMON
Registered Office Address:	5055 COLLINS AVE
	APT 3C MIAMI BEACH FL 33140 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Vcorp Services, LLC
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5011 South State Road 7, Suite 106
	Davie,FL33314
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 identiability 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	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	_
Sirion Ganz Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and to comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particle of the provision of the prantition of the prantition of the prantition of the provision of th	ngree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by lias been notified in writing of this change.
Division of Cornerations P.O. Ray 63	227 Tollohossaa El 32314

FILING FEE: \$25.00

INHS18 (05/08)