## M03.000001038

(Re	equestor's Name)									
(Ad	dress)									
(Ad	dress)									
(City/State/Zip/Phone #)										
PICK-UP	WAIT	MAIL								
(Bu	siness Entity Name)	,								
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Certified Copies	_ Certificates of	Status								
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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 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.	The name of the limite	ed liability comp	oany is: Hu	ınter Realty,	LLC				<u>_</u> .
	The mailing address o					Tamı	pa, FL	33609	<u>.</u> .
April 1, 2003		MO	M03000001038						
3.	3. Date of filing/registration in Florida			4. D	ocument numb	er			
5.	The name of the register Florida Department of	ered agent and the State: George F. A	_	l office addre	ss as shown on	the rec	ords of	the	
		30 Turtle Cre	Naı eek Drive	ne					
			Add	ress			<u>-</u>		
Tequesta, FL 33469					<u> 7</u> 25	20			
			City, State	e and Zip			15 10 10 10 10 10 10 10 10 10 10 10 10 10	200	
6. The name and address of the new registered agent and/or office:				:			2	7	
		C. Stephen Allen, Esq.						=	
		3606 Swann	Ave. Nam	e			H STA	05 APR 22 AM 8: 16	
		Florida street	address (P.	O. Box <b>NOT</b>	acceptable)		고	5	
		Tampa	FI	33609					
			City, State	and Zip					
ar lia th th	the limited liability conformed that after the cond the business office of ability company, it is he to members of the limited the operating agreement of a member or authority and the limited that the limited t	hange or change in the registered a reby confirmed diability composite the limited liability.	es are made, gent will be that the chap any or as ot bility compa	the Florida st identical. Of ige(s) was/we herwise provi	treet address of r. in the case of	the reg	istered da limit	office ed	e of r
(	C. Stephen Allen, Autl	norized Repres	sentative						
•	rinted or typed name of signee			<del></del>					
	hereby accept the appo omply with the provision nd I am familiar with at hapter 608, F.S. Or, if dardst, Lhereby confirm	intment as regis is of all statutes id accept the ob this document is that the limited	tered agent relative to t ligations of being filed liability co	and agree to he proper an my position a to merely ref mpany has be	act in this capa d complete per s registered ag lect a change in een notified in v	icity. I formant ent as t i the re vriting	further ce of my provided gistered of this c	agree dutie l for ir l office hange	to ss, i

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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