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DEPARTMENT OF STATE
DIVISION OF CORPORATION

B. KOHR

SEP - 9 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 109282 7717580

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 27, 2009

ORDER TIME : 3:53 PM

ORDER NO. : 109282-072

CUSTOMER NO: 7717580

CHANGE OF AGENT

NAME: HALLMARK MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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:	HALLMARK MANAGEMENT, LLC
2. (a) Principal office address of limited l (Note: MUST BE STREET ADD	ability company: 9701 N. Broadwalk Blvd.
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	ompany:
9/9/04	M04000003698
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered C	fice shown on the records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of NEW Registered A	ent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET A	Tallahassee ,FL 32301
that after the change or changes are made.	ized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business al. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Maureen Cullen, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registe comply with the provisions of all statutes ram familiar with and accept the obligation.	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby as been notified in writing of this change.

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