M060000/933				
(Requestor's Name) (Address) (Address)	500138214625			
(City/State/Zip/Phone #)	12/01/0801016021 **25.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2009 JAN 12 AM 10: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	T. CLINE JAN 13 2009 EXAMINER			



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2008

EUNICE GALLETS 69 MAINE AVENUE STATEN ISLAND, NY 10314

SUBJECT: HG DEVELOPMENT GROUP L.L.C. Ref. Number: M0600001933

We have received your document for HG DEVELOPMENT GROUP L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 008A00058889

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COMPANY NAME AND ADDRESS		
Company Name: HG Development Group LLC	Effective Dates: 11/18/2008-11/18/2009	
Company Address: 69 MAINE AVENUE STATEN ISLAND, NY 10314	Incorporators	2009 JAN SECRIT
Company Contact: William Howe	Contact email: BH7861@mac.com Contact Phone: 718-876-9725	HASSEE. FLO

State of Incorporation:

Florida

Registered Agent Name:

Eunice Gallets

Registered Agent Address 2825 SW 22nd Ave. Ste. 105

Delray Beach FL 33445 US

Palm Beach County

Thank you for your order. IncSmart.biz 702-940-9845 info@incsmart.biz

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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.	Name of the limited liability company: HG DEVELOPMENT GROUP UC		
2.	(a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: <u>69 MAINE AVE</u> SI NY 10314	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME	
3.	Date of filing/registration in Florida	4. Document number	
5.	(a) Registered Agent and Registered Office shown on t		
	Registered Agent:	JO MARIE BUCANTIS	
	Registered Office Address:	991 2 BENNINGTON DRIVED TAMPA, FLA 336 26- 240E	
	(b) Enter name of NEW Registered Agent and/or NEW		

NEW Registered Agent:

<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) EUNICE GALLETS <u>2825</u> SW 22MD AVE STE 105 DELRAY BEACH PALM BEACH COUNTY __,FL_33445 1

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company



(Signature of a member or authorized representative of a member)

WILLIAM A. HOWE

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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