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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
TROG HAWLEY CAPITAL, L	LC		
Name	of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change an	nd fee(s) are submitted for fili	ng.
Please return all correspondence concerning this	matter to th	e following:	
Edward P Kelly			
Name of Person			
Trog Hawley Capital, LLC			
Firm/Company			
501 Village Boulevard, Suite 2			*:
Address			2016 2016 ·
West Palm Beach, FL 33409			ŽÍJÍB SEP 25 SLORE RASSI
City/State and Zip Code			
ekelly@troghawléy.com			
E-mail address: (to be used for future annua	al report not	ification)	* 29
For further information concerning this matter, p	lease call:		,,
Edward Kelly	561	768-7751	
Name of Person	(Area Code & Daytime Te	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
Enclosed is a check for the following a	mount:		
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Co	эру

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company substits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: TROG HAWL	EY C	APITAL, LLO	<u> </u>		
2. (a)	501 VILLAGE BLVD	(_{b)} 501 VILL	AGE BLVD		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 2		SUITE 2			
	WEST PALM BEACH, FL 33409		WEST PA	ALM BEACH, F	L 334	09
	04/26/2012		M1200000	2295		
3.	Date of filing/registration in Florida	- 4.	I	Document number	•	
5. (a)	ADAM RYAN					
(a)	Registered Agent and Registered Office shown on the records of 354 TONEY PENNA DR	the Flori	ia Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 1	<u>ADDRES</u>	<u>(SS)</u>			
	JUPITER , FL	3345	3		7018	
(b)				E.A.	in SEP	11
(0)	Enter name of NEW Registered Agent and/or NEW Registered		ddress:		25	· mades in
	501 VILLAGE BLVD				U	
	NEW Registered Office Address:			ب بر چ	ري دي	
	SUITE 2	············		}	ه.	
	WEST PALM BEACH , FI	3340	9			
the cha agent v was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability of the li	gistered office company, it is mited liability	and the business of hereby confirmed company or as of	office of that the	the registered change(s)
	who fly	Al	DAM RYAN	, MGR		

ADAM RYAN, MGR

Signature of a member or authorized representative of a member

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

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 605, 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 pariting of this change.

Menature of Registered Agent