

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000235668 3)))



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LLC REGISTERED AGENT CHANGE **HUTTON GROWTH ONE, LLC**

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we are only changing the RA address. The signature Should be appropriate.

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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 605.0114 or 605.0116, 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.

Name of the limited liability company: 174001		736 Chom	, Qt	••	—
(a) Principal office address of limited liability com	(ь	(b) 736 Cherry St. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			_
(Note: MUST BE STREET ADDRESS)	•				
Chattanooga, TN 37402		Chattanooga, TN 37402			
				,	
12/10/2012		M12000006	986		_
Date of filing/registration in Florida	4.	Do	cument number		
BUSINESS FILINGS INC.					
Registered Agent and Registered Office shown on the r	ecords of the Florida	Dept. of State:			
515 EAST PARK AVENUE					
Registered Office Address (MUST BE FLORIDA)	STREET ADDRESS	}		•	
			120	N3 600	
TALLAHASSEE,	, FL 32301	2960	F.B.	285 007	
	, FL			2	
Business Filings Incorporated			HASSE	<u> </u>	
Enter name of NEW Registered Agent and/or NEW R	egistered Office ad	lress:	77 A	> m	
1200 South Pine Island Road			FLO		
NEW Registered Office Address:		•	STATE	: 39	
NEW TORSION OF THE ANGLESS.			>	<i>ب</i>	
Plantation	FL 33324		f		
	, FL_00024				
e limited liability company is not organized under thange or changes are made, the Florida street and t will be identical. Or, in the case of a Florida li- were authorized by an affirmative vote of the ma- rticles of organization or the operating agreement	dress of the regis mited liability co embers of the lim	tered office an mpany, it is he ited liability co	d the business of reby confirmed the many or as other	fice of the register	
nature of a member or authorized representative of a memb	er	Pri	nted or typed name o	of signee	
reby accept the appointment as registered agent isions of all statutes relative to the proper and c bligations of my position as registered agent as crely reflect a change in the registered office add ied in writing of this change.					
ture of Registered Agent	"AVP 8	USiness	firings	Incorpora	dec
w coudit # H15000 235668 Bivision of Corporations	ට • P.O. Box 6327 LING FEE: \$25.	● Tallahassee.	, FL 32314		