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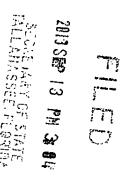
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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September 13, 2013

JONATHAN COCHRAN 610 UPTOWN BLVD. SUITE 2000-15 CEDAR HILL, TX 75104

SUBJECT: HS PREMIER OF FLORIDA LLC

Ref. Number: M13000004687

We have received your document for HS PREMIER OF FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been fitted and is being returned for the following correction(s):

The form you submitted is for a FLOIRIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 913A00021623

Agnes Lunt Regulatory Specialist II S配 13 PH 38年

COVER LETTER

TO: Registration Section
Division of Corporations

HS PREMIER OF FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Cochran

Name of Person

HS Premier of Florida LLC

Firm/Company

610 Uptown Blvd Suite 2000-15

Address

Cedar Hill TX 75104

City/State and Zip Code

jc@hspremier.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Cochran

469 658-6467

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

☐\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT: HS PREMIER OF FLORIDA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN COCHRAN

Name of Person

HS PREMIER OF FLORIDA LLC

Firm/Company

2001 E LAMAR ST, SUITE 150

Address

ARLINGTON, TX 76006

City/State and Zip Code

JC@HSPREMIER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Cochran

469,658-6467

Name of Person

Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□\$25 Filing Fee

☐ \$30 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E123(8/07)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is: HS PREMIER OF FLORID		
2. This entity was formed under the laws of	TEXAS	
3. This entity was authorized to transact bus and its Florida document/registration numbe		
4. The name and address of each manager o	r managing member is as follows:	2953
Title:	Name and Address:	Sign
"MGR" = Manager	723	:
"MGRM" = Managing Member	Sy C	انا دا ح
MGR	JOHN L WILKERSON	्र -ए
	4830 WEST KENNEDY BLVD, SUITE 600	j. 64
	TAMPA, FL 33609	
	1(0	T) I
MGRM	JONATHAN COCHRAN	
	4830 WEST KENNEDY BLVD, SUITE 600	
	TAMPA, FL 33609	
MGRM	JOHN GERHART	
	4830 WEST KENNEDY BLVD, SUITE 600	
	TAMPA, FL 33609	
	77.11 77,112 00000	
MGRM	LISA THIESSEN	
	4830 WEST KENNEDY BLVD, SUITE 600	
	TAMPA, FL 33609	
		
1 , , ,		
Required Signature:		
Signature of Manager, I	Managing Member or Member	

Filing Fee: \$25