

PD2000019416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

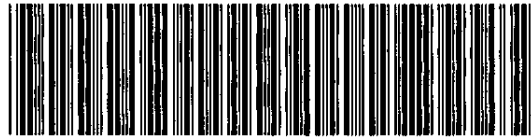
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/18/12--01039--020 **25.00

06/29/12--01003--004 **10.00

KA to ch

12 JUN 28 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 28 2012

T. ROBERTS



RECEIVED JUN 25 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2012

CAROL OGDEN
3250 MARY STREET, STE 306
MIAMI, FL 33133

SUBJECT: HYPERION CAPITAL MANAGEMENT, INC.
Ref. Number: P02000019416

We have received your document for HYPERION CAPITAL MANAGEMENT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form. You completed the statement of change for a LIMITED LIABILITY COMPANY. You need to complete the form for a CORPORATION.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 012A00017063

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 JUN 28 AM 9:55

REGULATORY SPECIALIST II
TINA ROBERTS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hyperion Capital Management, Inc.
Name of Corporation

DOCUMENT NUMBER: PO2000019416

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Ogden
Name of Contact Person

Firm/Company

3250 Mary Street, Ste #306
Address

Miami, FL 33133
City/State and Zip Code

card.ogden@thestylegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Ogden at (305) 447-1307
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hyperion Capital Management, Inc.
2. The principal office address: 3250 Mary Street, Ste #306
Miami, FL 33133
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/20/2002 Document number: P02000019416

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alan W. Levine
1110 Brickell Avenue, Ste 700
Miami, FL 33131

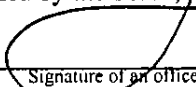
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carol Ogden
3250 Mary Street, Ste #306
Miami, FL 33133
P.O. Box NOT acceptable

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19 JUN 28 PM 12:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Paul R. Steinfurth
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/25/2012
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***