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: JAMES V. SADRIANNA, P.A.

Account Number

: 120020000130

Phone Fax Number

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REGISTERED AGENT CHANGE

HRM ENTERPRISES, INC.

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RightFAX



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 16, 2002

HRM ENTERPRISES, INC. 2625 EDGEWATER DRIVE ORLANDO, FL 32804

SUBJECT: HRM ENTERPRISES

REF: P02000043289

INC.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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SHOULD HOUSE NOT SINCE THE PROPERTY OF Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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 Florida	· of committee to atto	united for a corporation organized under the laws of the Ctata of
of Florida.		to change its registered office or registered agent, or both, in the State
1. The name of the corporation		HRM Enterprises, Inc.
2. The principal office address:		2813 S. Hiawassee Road, Suite 201, Orlando, Florida 32805

3. The mailing	g address (if diffe	rent): 2625 Edgewater Drive, Orlando, Florida 32804
4 Data of irres		estion: April 22, 2002 Possession Possession
	orporation/qualifi	Document Hambet,
5. The name as Florida Dep	nd street address artment of State:	of the current registered agent and registered office on file with the
	James V. Sadr	$\epsilon_{D^{+}}$
	2625 Edgewate	ar Drive FLORAT
	Orlando, Florid	a 32804 RA 34
6. The name and street address		of the new registered agent (if changed) and /or registered office (if
changed):	Credix Corporat	
	6453 South Ora	nge Avenue, Suite 201
	Orlando, Florida	(P.O. Box or personal mailbox NOT acceptable) 32809
The street addressent, as chang	ess of its register ed will be identi	ed office and the street address of the business office of its registered
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 as officer	, chairmen or vice chant	Frank Amodeo, Director
I hereby accept	the appointmen	(Printed or typed name and title)
l jurther agrée : performance of	to comply with the	the provisions of all statutes relative to the proper and complete
registered agen office address,	t. Or, if this doc hereby confirm	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete amendiar with and accept the obligation of my position as a ument is being filed merely to reflect a change in the registered that he comporation has been notified in writing of this change.
	gnature of Registered A	(Date)
If signing on behalf Frank Amodeo	f of an entity:	•
	yped or Printed Name)	Director
• 1		*** FILING FEE: \$35.00 ***

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314