P0400160569

(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:	7

Office Use Only

5.26 -0G



100156064851

05/19/09--01034--004 **35.00

SECRETARY OF STATE FALLAHASSEE. FLORIDA

OGO MAY 19 PAIO: 21 SECRETARY OF STATE.



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Hoppy # 4 Family Corporation
Name of Corporation
DOCUMENT NUMBER: P 04000160569
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:
Name of Contact Person
Hoppy # 4 Family Conporation
927 N. Highland Aug
Pittsburgh PA 15206-2173 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (412) 361-5579 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Happy # 4 Family Corporation
1. The name of the corporation: Happy # 4 Family Corporation 2. The principal office address: 270 Naples Cove Drive, # 3504
Naples, Florida 34110
3. The mailing address (if different): 927 No. High Dav D AVE Pitts burgh DF 15206
- PILLSBURGH NH 15206
4. Date of incorporation/qualification: 3-29-2005 Document number: P04000160569
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)
RESIGNED TALEAR TO
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Lavry Pomposini
Naples Florida 34110
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 of director Larry Pomposini Plo 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.
Monature of Registered Agent May 13 - 2009 Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Larry Pomposini
Typed or Printed Name

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