1000/3961

(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



300112070473

11/26/07--01011--005 **35.00

2007 HOV 26 PH 3: 09
SECRETARY OF STATE
SECRETARY OF STATE

JAN S

11/28-3007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HARTNETT DEVELOPMENT INC. (Name of Corporation)
DOCUMENT NUMBER: P06000 129421
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:
WILLIAM J. HARTNET IF (Name of Contact Person)
HART NETT DEVELOPMENT, INC. (Firm/Company)
2942 CATAUNA ST. (Address)
COCONUT BROVE, PL 33130 (City/State and Zip Code)
For further information concerning this matter, please call:
NILLIAM J. HARTNETT II at (305) 461 ~ 6438 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of change is submitted for	a corporation organized unde	108, or 617.1508, Florida Statutes, this For the laws of the State of <u>FLOKIDA</u> It, or both, in the State of Florida.
The name of the corporation:	HARTNETT D	DEVELOPMENT, INC.
2. The principal office address: 17	·	AUE:
3. The mailing address (if different):	ORIAL GABLES FL	2 > 1 (0
4. Date of incorporation/qualificatio	n: 10/10 / 2006 Do	cument number: P0600012942
5. The name and street address of th Florida Department of State:	e current registered agent and	registered office on file with the
1265		AVÉ.
	GAPLES FI	31196 FORE
6. The name and street address of th (if changed):	e new registered agent (if char	nged) and /or registered offices SEE FLORING PA 3: 09
4600	SW 75 th A (P.O. Box NOT acceptable)	VE SE S
MIAM.	11 , FL 3315	55
The street address of its registered as changed will be identical.	office and the street address	of the business office of its registered agent,
William	Total WI	ward of directors or by an officer so writing of the change.
(Signature of an officer or lived of the appointment as I further agree to comply with the of my duties, and I am familiar wit document is being filed merely to reorporation has been notified in w	s registered agent and agree i provisions of all statutes rel h and accept the obligation o reflect a change in the registe	(Printed or typed name and title) to act in this capacity. tive to the proper and complete performance of my position as registered agent. Or, if this red office address, I hereby confirm that the
WWW Hart (Signature of Registered Agen		120 /2007 (Date)
If signing on behalf of an entity:		
WILLIAM J. HART (Typed or Printed Name)	NETT III	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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