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н.р.н.	ENTERPRISES,	INC.		
	Name o	f Corpora	tion	
ER:	V42549			
of Chan	ge of Registered Of	ffice/Ager	nt and fee are	submitted for filing.
ondence	concerning this ma	itter to the	following:	
	ū		•	
G. B	ARRY WILKINSON	J		
<u> </u>	Name of	Contact P	erson	
G. BA	RRY WILKINSON	V. P.A.	· · · · · · · · · · · · · · · · · · ·	
		Compan	,	
P. O.				
	A	Address		
MADE	IRA BEACH, FL	33738	-8102	
	City/Stat	e and Zip	Code	
gbari aail addr	ryw@tampabay.i	rr.com	annual reno	rt natification)
nan auur	ess. (to be used it	or tuture	аппиат теро	it notification)
concern	ing this matter, plea	ase call:		
TNICONI			727 .	823-1514
f Contact	Person	at (Area Code &	& Daytime Telephone Number
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neck mad	e payable to the De	partment	of State.	
Mailing	Address:		Street A	ddress: ment Section
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				ssee, FL 32301
	G. B. G. B. G. B. Condence Condence	MADEIRA BEACH, FL City/State concerning this matter, please. Mailing Address: Amendment Section H.D.H. ENTERPRISES, Name of V42549 of Change of Registered Oriondence concerning this matter. V42549 of Change of Registered Oriondence concerning this matter. G. BARRY WILKINSON Firm P. O. BOX 8102 MADEIRA BEACH, FL City/State Concerning this matter, please. INSON f Contact Person meck made payable to the December of the December	Name of Corpora ER:	Porations H.D.H. ENTERPRISES, INC. Name of Corporation ER: V42549 of Change of Registered Office/Agent and fee are condence concerning this matter to the following: G. BARRY WILKINSON Name of Contact Person G. BARRY WILKINSON, P.A. Firm/Company P. O. BOX 8102 Address MADEIRA BEACH, FL 33738-8102 City/State and Zip Code qbarryw@tampabay.rr.com nail address: (to be used for future annual repo concerning this matter, please call: INSON at (727 f Contact Person at (727 Area Code & Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 E:

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

statement of cha	provisions of sections (nge is submitted for a r to change its register	corporation organ	nized under the laws o	f the State of FLO	RIDA
1. The name of t	he corporation:	н.р.н. Е	NTERPRISES, IN	C	
2. The principal	office address:	11714 BF	LLAMY BROS. BL	VD.	
		DADE CIT	Y, FL 33525		
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	06/10/1992	Document num	iber: <u>V42549</u>	
	street address of the comment of State: (If resignation			ffice on file with the	;
	WILKIN	SON, G. BARR	Y		,
	696 1S	T AVE. NORTH	SUITE 201		14 OCT 20
	ST. PE	TERSBURG, FL	33701		3 5
6. The name and (if changed):	i street address of the r	new registered age	nt (if changed) and /or	r registered office	20 AU11: 55
	WILKIN	SON, G. BARR	Υ		ज हैं ज
	8283 2	7th AVENUE N	ORTH		€ 7 :
	0203 2	P.O. Box NOT			
	ST. PE	TERSBURG, FL	33710		
	ess of its registered of be identical.				
Such change wa authorized by th	as authorized by resolute board, or the corpor	ation duly adopted ration has been no	d by its board of direct tified in writing of the	ctors or by an office the change.	r so
Wandygnatu	I De director	arel Din		ARTSILL, DIREX	CTOR
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as re to comply with the pro my duties, and I am fo is document is being f that the apporation h	gistered agent an wisions of all stat imiliar with and a iled merely to refi as been notified i	nd agree to act in this utes relative to the pr accept the obligation lect a change in the re n writing of this char	capacity. roper and complete of my position as re egistered office add ige.	egistered Iress, I
) (Sig	nature of Registered Agent		10-16-1	Date	
If signing on be	half of an entity:				
T	yped or Printed Name				
•		* * * FILING FE	E: \$35.00 * * *		

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