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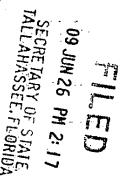
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| PICK-UP WAIT MAIL |
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RA. Chonge C.COULLIETTE

JUN 3 0 2009

EXAMINER

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | HAH ENTERPH Name of 0 | RISES, INC. | | | | | | | |
|---|---|--------------------------------|-------------------------|--|--|--|--|--|--|
| DOCUMENT NUMBER | NOODE | | | | | | | | |
| The enclosed Statement of | 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: | | | | | | | | | |
| | | | | | | | | | |
| RONALD ALBERT, JR. Name of Contact Person | | | | | | | | | |
| Name of Contact Person | | | | | | | | | |
| LAW CENTER OF THE AMERICAS, LLC | | | | | | | | | |
| Firm/Company | | | | | | | | | |
| | | | | | | | | | |
| | 701 BRICKELL AVENUE, SUITE 1400 | | | | | | | | |
| Address | | | | | | | | | |
| | | | | | | | | | |
| MIAMI, FLORIDA 33131 City/State and Zip Code | | | | | | | | | |
| City/State and Zip Code | | | | | | | | | |
| RALBERT@HARPERMEYER.COM | | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | | |
| | | | | | | | | | |
| For further information co | ncerning this matter, please | call: | | | | | | | |
| DONALD | ALDEDT ID | 205 | | | | | | | |
| Name of C | ALBERT, JR. ontact Person | at (305) Area Code & Davi | time Telephone Number | | | | | | |
| | | 11.00 0000 00 200, | init Totophone Trainer | | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | | | |
| | | | | | | | | | |
| <u>M</u> | Iailing Address: mendment Section | Street Address Amendment S | <u>.</u> | | | | | | |
| | | | | | | | | | |
| | ivision of Corporations O. Box 6327 | Division of C Clifton Build | | | | | | | |
| | allahassee, FL 32314 | | ing ve Center Circle | | | | | | |
| 1 | ************************************** | Tallahassee, 1 | | | | | | | |

| STATEMENT OF CHA | ange of R | EGISTERED OF FOR CORPOR | | RED AGENT O |)K BOTI | .i |
|---|---|---|--|---|-------------------------------------|-----------------|
| Domestant to the manifeless | -f# 60 | 7.0502 617.0502 | COT 1500 C17 1500 | F21 | 4.2. | |
| Pursuant to the provisions statement of change is subn | • | | | | | |
| • | = | | d agent, or both, in the S | • | | - |
| _ | _ | | • | • | | |
| 1. The name of the corpora | | | | 400 | - , | |
| 2. The principal office addr | ess: 401 NV | V 38 COURT M | IAMI, FLORIDA 33 | 126 | | |
| 2 The mailing address (if d | : :::: | | | | | |
| 3. The mailing address (if d | imereni): | · · · · · · · · · · · · · · · · · · · | · | | | |
| 4. Date of incorporation/qu | alification: | 01/22/1986 | Document number: _ | M26 | 3255 | |
| 5. The name and street addr Florida Department of St | | | at and registered office of | on file with the | | |
| B & C C | ORPORAT | E SERVICES, | INC. | | | |
| 2 SOUT | H BISCAY | NE BOULEVAR | RD, 21ST FLOOR | | | |
| MIAMI, | FLORIDA 3 | 33131 | | F | SF 0 | |
| 6. The name and street addr (if changed): | ress of the nev | v registered agent (i | if changed) and /or regis | stered office | 09 JUN 26 | |
| LAW CE | NTER OF | THE AMERICA | NS, LLC | | • | - |
| 701 BRICKELL AVENUE, SUITE 1400 | | | | | | |
| P.O. Box NOT acceptable | | | | | | |
| MIAMI, FLORIDA 33131 | | | | \ | 7 | |
| The street address of its reas changed will be identicated | gistered offic al. | e and the street add | dress of the business of | fice of its regist | ered agen | ıt, |
| Such change was authorize authorized by the board, or | ed by resoluti the corporat | on duly adopted by ion has been notifi | y its board of directors ed in writing of the cha | or by an officer ange. | so | |
| Lean Mi | lnan | e | LEON REITNAU | IFR TREASI | IRFR | |
| Signature of an officer | | | Printed or typed | name and title | | - |
| I hereby accept the appoin I further agree to comply v of my duties, and I am fam document is being filed me corporation has been notif | tment as regi vith the provi iliar with and rely to reflec- lied in writing | stered agent and a sions of all statute. l accept the obliga t a change in the re of this change. | gree to act in this capa s relative to the proper tion of my position as r egistered office address | ncity. and complete p registered agent s, I hereby confi | erforman Or, if th rm that th | ce iis ie |
| Card (| Pelest. | <i>(</i> | _JUNE 24, 2009 | | | |
| Signature of Regis | tered Agent | | Date | | | • |
| If signing on behalf of an e | entity: | | | | | |
| RONALD ALBERT, JI | | · | | | | |
| - J p | • | * * FILING FEE: | \$35.00 * * * | | | |

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