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(Re	equestor's Name)					
(Ac	dress)	· · · · · · · · · · · · · · · · · · ·				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 3, 2016

Order#: 296684-367

Re: HBC II MANAGER, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: HBC II MANAGE	R, L.L.C) .			
2. (a)	111 WESTWOOD PLACE SUITE 400 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	BRENTWOOD, TN 37207	_				
_	04/06/2007		M0700000			· · ·
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CT CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
	PLANTATION , FL_	33324			16 OCT	
(b)	Corporation Service Company					≠.i. ===================================
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		2	
	1201 Hays Street				P# 12: 43	E.C.
	<u>NEW</u> Registered Office Address:				ప్	
	Tallahassee	32301				
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liability.	s of the the regist bility continuity the limited limited li	ered office npany, it is ted liability ability com	and the business office hereby confirmed that to company or as otherwise pany.	of the re he chang	gistered ge(s)
Signa	nture of a member or authorized representative of a member	JH C	ılmı, Author	ized Person Printed or typed name of sign	nee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performa for in C ereby co	nce of my a hapter 605, nfirm that t	acity. I further agree to a	comply v with and nt is beil vany has	vith the d accept ng filed been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00