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## Florida Department of State

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## LLC REGISTERED AGE TO CHANGE HALL MIAMI EH, LLC

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

	HALL MIAMI EH, LL	C :		
Name of the Limited Liability Company:		_		
(a) 2323 ROSS AVE, STE 200	( <b>b</b> )	(b) 2323 ROSS AVE, STE 200		
Principal office address of limited lia (Note: MUST BE STREET A	bility company:	Mailing address of limited liability company:  ONOTE: MAY HE POST OFFICE HON		
DALLAS, TX 75201		DALLAS, TX 75201		
41410045	,	M45000000447		
4/1/2015  Date of filing/registration in		M15000002417  Document number		
rate of times registration in	rionda 4.	120Cament number		
(a) CORPORATION SERVICE C	OMPANY			
Registered Agent and Registered Office show	va on the records of the Florida	Dept. of Stal≄:		
1201 HAYS STREET				
Registered Office Address GIUST BE F	LORIDA STREET ADDRESS	!		
	<del></del>		7. 5. 4. 1.	
TALLAHASSEE	FI, 32301		••	
		in ,	:-	
(b) Capitol Corporate Services, In				
Enter name of NEW Registered Agent and/	or Man Religies Office Rel	.,	<u> </u>	
		,	1	
515 East Park Avenue 2nd Fl		<del>:</del>		
NEW Registered Office Address:		•		
		<del></del>		
Tallahassee	FL 32301	<u>i                                      </u>		
the limited liability company is not organic change or changes are made, the Florida ent will be identical. Or, in the case of a l as/were authorized by an affirmative vote carticles of organization or the operating to	street address of the regis Florida limited liability co of the members of the limi	tered office and the business offic mpany, it is hereby confirmed tha ited liability company or as others	t the change(s)	
Signature of prilember or authorized representative	of a member	Printed or typed name of s	ignee	
hereby occipit the appointment as register ovisions of all statutes relative to the prop obligations of my position as registered meraly reflect a change in the registered of tipled in writing of this change.	ed agent and agree to act wer and complete perform agent as provided for in C office address, I hereby co		o comply with the ar with and accept nent is being filed npany has been	
Ollanie Case		Assistant Secretary on		
gnature of Registered Agent	behalf of Capi	tol Corporate Services, Inc.		
Division of Corpo	orations P.O. Box 6327 FILING FEE: \$25.	• Tallahassec, FL 32314 00		
IB (2/14)				
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