## P03600023896

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SECTIVES

A. BUTLER AUG 1 9 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 888521 8382784	
AUTHORIZATION (	
COST LIMIT ( \$ 35.00	
ORDER DATE : August 17, 2022	
ORDER TIME : 10:29 AM	
ORDER NO. : 888521-002	
CUSTOMER NO: 8382784	
CHANGE OF AGENT	
NAME: HHCP - DI CHINA, INC.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY X PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Weiland EXT#	

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State	e of FL	
1. The name of t	he corporation: HHCP - DI CHINA, IN	C.		
2. The principal	office address: 120 N. ORANGE AVE	NUE ORLANDO, FL 32801		
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 02/27/2003	Document number: P0:	3000023896	
	street address of the current registered tment of State: (If resigned, enter resigned)	-	le with the	
	HILBERT, JOHN		2	
	120 N. ORANGE AVENUE		2022 AUG	
	ORLANDO	FL 32801	- g	
6. The name and (if changed):	street address of the new registered as	gent (if changed) and /or registere	8 PH 2: 21	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box NOT acceptable  Tallahassee FL 32301			
The street addre	ss of its registered office and the stree		of its registered agent.	
	s authorized by resolution duly adopt e board, or the corporation has been i			
Signature of an officer or director		JILL CILMI Printed or typed name	VICE PRESIDENT	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent of comply with the provisions of all stall I am familiar with and accept the of the first of the merely to reflect a change in been notified in writing of this change. Service Company	atutes relative to the proper and bligation of my position as regis the registered office address. H	l complete performance stered agent. Or, if this	
	co rokubio	08/18/2022	<del>.</del>	
	ature of Registered Agent	Date		
If signing on bel	•			
	Y, ASST, VICE PRESIDENT ped or Printed Name			

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