

L130000021433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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RA
Change

FILED
2015 APR 20 PM 2:23
TALLAHASSEE, FLORIDA
STATE

DDR

4/29/15

*Bay State Corporate Services, Inc.
Six Beacon Street, Ste 510
Boston, MA 02108*

April 14, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed you will find (1) *Statement of Change of Resident Agent for LLC*, with required Cover Letter, for HSF Investments, LLC.

Please file this item upon receipt. A check in the amount of \$25.00 is enclosed in payment of your filing fee.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL - a self-addressed, stamped envelope is enclosed,

Thank you in advance for your assistance.

Sincerely,



Bob Wiktozak

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSF Investments, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Cadorette, Sr. Corporate Paralegal

Name of Person

Duffy & Sweeney, LTD.

Firm/Company

One Financial Plaza, Suite 1800

Address

Providence, RI 02903

City/State and Zip Code

mcadorette@duffysweeney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Cadorette at (401) 455-0700
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: HSF Investments, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1330 Noble Heron Way

1330 Noble Heron Way

Naples FL 34105

Naples FL 34105

02/11/2013

L13000021433

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) Will J. Dempsey, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Cheffy Passidomo, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

821 5th Ave, South

Naples, FL 34102

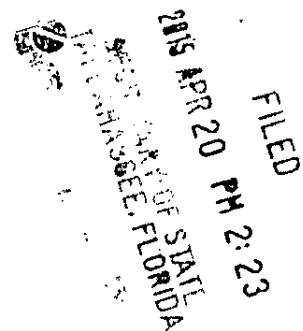
(b) NRAI Services, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address.

1200 South Pine Island Road

Plantation, FL 33324



If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael J. Huber
Signature of a member or authorized representative of a member

Michael J. Huber, Authorized Member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William L. DeNapoli
Signature of Registered Agent

William L. DeNapoli, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00