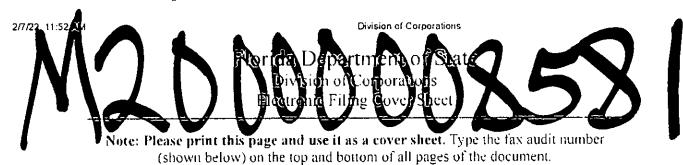
To: +18506176383



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Division of Corporations

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ä LLC REGISTERED AGENT CHANGE HES FACILITIES, LLC

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## 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.

Na	me of the limited liability company: HES FACILITIES	S. LLC	
(a)		(b)	Mailing address of limited liability company:
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9202 S. NORTHSHORE DR., SUITE 202		
	Knoxville, TN 37922		
	10/01/2020		M20000008581
	Date of filing/registration in Florida	4.	Document number
(4)	INCORPORATING SERVICES, LTD.		
. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dep	of State.
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)		2022 FEB
	1540 GLENWAY DRIVE		
(b)	TALLAHASSER, FL	32301	18 - 7
	C T Corporation System		77.
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	NEW Registered Office Address:	<u> </u>	
	1200 South Pinc Island Road	<u> </u>	
	Plantation , FL	33324	
char ent w s/we artic	mited liability company is not organized under the law- inge or changes are made, the Florida street address of ill be identical. De in the case of a Florida limited have re authorized by an affirmative vote of the members of the of organization or the operating agreement of the une of a tember or authorized representative of a member	the registere ability compa f the limited limited liabi David M	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  akar CFO  Printed or typed name of signce
obli obli nere ified	ov accept the appointment as registered agent and agrifus of all standas relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  CT Corporation System  Corporation System	ee to act in t performance I for in Chaj aereby confu	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepted of F.S. Or, if this document is being file arm that the limited liability company has been