that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000106353

Entity Name: HS CAPITAL MANAGEMENT LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

489 WILMINGTON CIRCLE **OVIEDO, FL 32765**

Current Mailing Address:

489 WILMINGTON CIRCLE **OVIEDO, FL 32765**

FEI Number: 27-1259249

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRS	Title	MGR
Name	SASANINEJAD, HAMID	Name	SASANINEJAD, MARIE F
Address	489 WILMINGTON CIRCLE	Address	489 WILMINGTON CIRCLE
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 05/13/2018 SIGNATURE: MARIE SASANINEJAD

MANAGER

Date

FILED May 13, 2018 Secretary of State CC7637015512

Certificate of Status Desired: No

Date