#### that my name appears above, or on an attachment with all other like empowered. 04/12/2016 MEMBER

#### SIGNATURE: HENRIQUE M PFALTZGRAFF

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L11000133064

Entity Name: HPN PFALTZGRAFF, LLC

## **Current Principal Place of Business:**

253 NE 2ND STREET 2808 MIAMI, FL 33132

## **Current Mailing Address:**

253 NE 2ND STREET 2808 MIAMI, FL 33132 US

## FEI Number: 32-0367270

## Name and Address of Current Registered Agent:

PFALTZGRAFF, HENRIQUE 253 NE 2ND STREET 2808 MIAMI, FL 33132 US

City-State-Zip: MIAMI FL 33132

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	HENRIQUE PFALTZGRAFF			04/12/2016
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MEMBER	Title	MEMBER	
Name	PFALTZGRAFF, HENRIQUE M	Name	PFALTZGRAFF, NORMA M	
Address	253 NE 2ND STREET 2808	Address	253 NE 2ND STREET 2808	
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132	
Title	MEMBER			
Name	PFALTZGRAFF, PEDRO H			
Address	253 NE 2ND STREET 2808			

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

# FILED Apr 12, 2016 Secretary of State CC2065850469

Certificate of Status Desired: No

Date