A18000000378

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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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Account#: I20000000088

Date:	09/27/2023						
Name:	KEN						
Reference #:	040050	<u>5</u>					
Entity Name:	HILL	TOP REI HOLDINGS, LLLP					
☐ Amen	es of Incorporation/Au dment ge of Agent	thorization to Transact Business					
Reinstatement							
_	☐ Conversion ☐ Merger						
☐ Dissolution/Withdrawal ☐ Fictitious Name							
☐ Other							
Authorized A	.mount:\$:	35.00					
Signatura							

F: 800.944.6607

+44 (0)20.3961.3080

F: +852.2682.9790

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	HILLTOP REI HOL			
Name o	of Limited Partnership or Limited	l Liability L	imited Partnership	
	per 12, 2018	3	A18000000)378
Date of filing/reg	istration in Florida		Florida document i	number
4. The name of the registe Department of State:	ered agent and the registered offi	ce address a	s shown on the recor	rds of the Florida
_	Corporation Service	e Compa	iny	
	Name		-	
	1201 Hays S	Street		
	Address			
	Tallahassee, FL	32301-25	25	
	City, State and	d Zip		
5. The name and Florida	street address of the new register	ed agent and	d/or office:	2028
	COGENCY GLO	BAL INC	<u></u>	SE SE
	Name			P 2
	115 North Calhoun	St., Suite	e 4	RAY SSE
	Florida street address (P.O. I	Box not acce	eptable)	T99 2
	Tallahassee	FL	32301	2023 SEP 27 PM 12: 05 SLUNG JARY OF STATE TALLAHASSEE. FLORID
	City, State and	d Zip		중위 S
6. Such change(s) is/are of	effective when filed by the Florid	a Departme	nt of State.	<i>-</i>
/s/ David Gershmar	n on behalf of Heatherland	Homes, L	LC, its GP	
Signature of General Parts	ner			
comply with the provision	ntment as registered agent and a ss of all statutes relative to the pr accept the obligations of my pos	oper and co	mplete performance	
/s/ Tim Mayville				
Signature of Registered A	gent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50