## F05000000088

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : REFERENCE: 764141 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: November 14, 2024 ORDER TIME : 2:33 PM ORDER NO. : 764141-033 CUSTOMER NO: 8466422 CHANGE OF AGENT NAME: HFA-AE, LTD. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT	PERSON:	Amanda	Miller		
			EXAMINER'S	INITIALS:	

CERTIFIED COPY
XX PLAIN STAMPED COPY

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of AR in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: HFA-AE, LTD., INC.	
2. The principal office address:  1705 S. Walton Blvd. Suite 3 BENTONVILLE, AR 72712	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/21/2005 Document number: F05000001088	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
COGENCY GLOBAL INC.	
115 North Calhoun St. Suite 4	
Tallahassee FL 32301	
115 North Calhoun St. Suite 4  Tallahassee FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company  1201 Hays Street	FILED
Corporation Service Company	r U 5
1201 Hays Street	23
1 S. Do. 1 How placed	
Tallahassee FL 32301	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gent.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
/s/David Wilgus David Wilgus CEO	
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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, i document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	ance f this t the
By: 11/13/2024	
Signature of Registered Agent Date	<del></del>
If signing on behalf of an entity:	
Grace E. Kirby, Asst. Vice President	
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)