

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
·	
(Document Number)	
Certified Copies Certificates of Status	
i 	
Special Instructions to Filing Officer	
- J.	,
-Un,	OPW
Special Instructions to Filing Officer	2024
	"
Office Use Only	



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RECFIVED

ALLAHASSEE, FLURIG. 2024 JUN 18 PM 1:5

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024	_		₩WALK IN
	lovelenment Inc		WALK IV
entity name HHC D	vevelopment inc.		
DOCUMENT NUMBER			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE F Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$35		ACCOUNT #: I2016000007	2
		E 8 7/10	
Please call Tina at t	the above number for	any issues or concerns. Thank you so	o much!

COVER LETTER

TO: Amendment Section

2 a 20 a

Division of Corporations	
SUBJECT: HHC Development Inc.	
Name of Corporation	
DOCUMENT NUMBER: F05000002576	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Tsvi Goldstein	
Name of Contact Person	
Platinum Agent Services LLC	
Firm/Company	
99 West Hawthorne Ave., Suite 408	
Address	
Valley Stream NY 11580	
City/State and Zip Code	
agent@platinumfilings.com	<u></u>
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter,	please call:
Tsvi Goldstein	at (718) 705-9886
Name of Contact Person	at (718) 705-9886 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of $\overline{ ext{D}}$	elaware
		egistered agent, or both, in the State of Fl	orida.
1. The name of t	the corporation: HHC Development I	nc.	
2. The principal	office address: e/o WildStar Partners	LLC 241 NE 4th Street, Suite C, Delray Bea	ach, FL 33444
3. The mailing a	ddress (if different): c/o WildStar Pa	artners LLC, 175 Sully's Trail, Suite 204, Pitt	Isford, NY 14534
		Document number: F05000003	
5. The name and		red agent and registered office on file with	
	Meghan Schubmehl		
	241 NE 4th Street, Suite C		
	Deiray Beach, FL 33444		
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered office	ce
	Platinum Agent Services LLC		E (1) 2024 JUN 1
	155 Office Plaza Dr		. <u>-</u>
	P. Tallahassee, FL 32301	O. Box NOT acceptable	118 P.
The street address changed will	ess of its registered office and the store be identical.	treet address of the business office of its	registered agent.
		opted by its board of directors or by an o en notified in writing of the change.	C) i
/s/ Meghan S	chubmehl re of an officer or director	Meghan Schubinehl Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and comp is obligation of my position as registered in the registered office address, I hereby inge.	olete performance agent. Or, if this confirm that the
/s/ Steven Fri	edman	6/17/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Platinum Agent 5	Services LLC		
T	yped or Printed Name		
	* * * FH.ING	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (3)

1 (04/13)