Division of Corporations Electronic Filing Cover Sheet

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(((H210003075153)))



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	To:	Division of Co	exporations : (850)617-6280	Please honor original
		rax Number	. (830) 617-6380	Please nonor onglical
	From:			09/16/2021
		Account Name	: C T CORPORATION SYSTEM	2
		Account Number	: FCA000006023	<u>-</u>
		Phone	: (614)280-3339	
		Fax Number	: (954)208-0845	57
				-
				5
*			for this business entity to	
	annu	al report maili:	ngs. Enter only one email add:	ress please.**
				~
	Ema i	l Address:		

REGISTERED AGENT CHANGE HILLCOUR HOLDING CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

Please honor original date 09/16/2021

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

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
1. The name of (the corporation: HILLCOUR HO	LDING CORPORATION	
2. The principal TAMPA, FLORI	office address: ONE URBAN CE	NTRE-STE 100, 4830 W. KENNEDY BLVD.	
4. Date of incorp	poration/qualification: 12/10/201	Document number: F13000005303	
	d street address of the current reg trient of State: (If resigned, ento	gistered agent and registered office on file with the erresigned)	
	JACKSON, D. TY		
	301 S. BRONOUGH STREET, S	SUITE 600	
	TALLAHASSEE, FLORIDA 32	301 SEP	
6. The name and (ifchanged):	d street address of the new regist	ered agent (if changed) and /or registered office	
	CT CORPORATION SYSTEM		MILITAGE
	1200 SOUTH PINE ISLAND RO	DAD ~ ~	
	PLANTATION, FLORIDA 3333	P.O.Box NOT acceptable	
		he street address of the business office of its registered agent. y adopted by its board of directors or by an officer so been notified in writing of the change.	
Ma	medoli	DAMIEN LAMENDOLA, PRESIDENT	
I hereby accept I further agree	to comply with the provisions o	Printed or typed name and title agent and agree to act in this capacity, if all statutes relative to the proper and complete performance if the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.	
Danis	Bell	9/20/2021	
	nature of Registered Agent	Date	
Ŭ -	half of an entity:		
Denise Bell, Ass	vped or Printed Name	_	
•		MC DEC 035 00 0 4 4	