| (Re | equestor's Name) |
|-------------------------|-------------------------|
| _ (Ac | ddress) |
| (Ac | ddress) |
| (Cı | ity/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| , (Bı | usiness Entity Name) |
| (D | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | o Filing Officer |
| - | J. HORNE JUN 19 2024 |
| <u></u> : | JUN 19 2024 |
| | |
| : - | |
| | Office Use Only |



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2024 JULI 18 P.1.12: 35

RECEIVED

Sunshine State Corporate Compliance Company

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

| DATE 06/18/2024 | _ | | ⇔WALK IN** |
|--|---|-----------------------------|--------------|
| ENTITY NAME HOPE | TOWN UNITED, INC. | | |
| DOCUMENT NUMBER | | | |
| | **PLEASE FILE THE A | TTACHED AND RETURN** | |
| XXXXXXXX | Plain Copy | | |
| | Certified Copy | | |
| | Certificate of Status | | |
| * | PLEASE OBTAIN THE FOLLS Certified Copy of Arts & Certificate of Good Standing | | · A |
| COUNTRY OF DESTINA NUMBER OF CERTIFICA | **APOSTILLE' / NOT | TARIAL CERTIFICATION** | |
| THOUPIDER OF CERTIFICA | 710 ALQUIOTED | | |
| total owed \$35 | | ACCOUNT #: 12016000 | |
| Please call Tina at i | he above number for any | issues or concerns. Thank y | noa so much! |

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

| statement of cha | inge is submitted for a corporal | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes tion organized under the laws of the State of Delawa vor registered agent, or both, in the State of Florida. | re |
|---|---|--|--|
| | the corporation: HOPE TOWN | | |
| The name of The principal | office address: c/o WildStar Pa | rtners LLC, 241 NE 4th Street, Suite C, Delray Beach, 1 | FL 33444 |
| 3. The mailing a | address (if different): c/o WildS | tar Partners LLC, 175 Sully's Trail. Suite 204, Pittsford | NY 14534 |
| | | Document number: F19000004653 | |
| | I street address of the current re tment of State: (If resigned, ent | egistered agent and registered office on file with the ter resigned) | |
| | WINSLOW, COURTNEY | | |
| | C/O WILDSTAR PARTNERS | LLC | |
| | 241 NE 4th Street, Suite C. Deh | ray Beach, FL 33444 | |
| 6. The name and (if changed): | street address of the new regis | stered agent (if changed) and /or registered office | 2024 JUI |
| | Platinum Agent Services LLC | | <u>-</u> |
| 155 Office Plaza Dr, Tallahasse | | e, FL 32301 | <u></u> |
| | | P.O. Box. NOT acceptable | 18 7112 |
| The street address changed will | ess of its registered office and the identical. | the street address of the business office of its regist | |
| Such change wa authorized by th | as authorized by resolution dulae board, or the corporation ha | y adopted by its board of directors or by an officer seen notified in writing of the change. | · so |
| /s/ Courtney | Winslow | Courtney Winslow | |
| l hereby accept I further agree i of my duties, an document is bei | the appointment as registered the appointment as registered to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of thi | Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete point the obligation of my position as registered agent ange in the registered office address, I hereby confiss change. | oerformance Or, if this irm that the |
| /s/ Steven | Friedman | 6/17/2024 | |
| | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Steven Friedman | | Andrew Control of the | |
| 13 | rped or Printed Name | LING CPC, 525 00 + + + | |

* * * FILING FEE: \$35.00 * * *