L03000007110

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PICK-UP WAIT MAIL						
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ALLAHASSEE, FLOR

A DUTLOR MAR = 8 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 552652 7654927						
AUTHORIZATION : FINE BELLERA						
COST LIMIT : \$ 25.00						
ORDER DATE: March 7, 2023						
ORDER TIME : 1:45 PM						
ORDER NO. : 552652-010						
CUSTOMER NO: 7654927						
CHANGE OF AGENT						
NAME: HLRE, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: HLRE, LLC					
2.	(a)		((b))		
	(<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1575 50TH STREET SUITE 201			1575 50TH STREET SUITE 201		
		BROOKLYN, NY 11219			BROOKLYN, NY 11219		
		07/23/2003			L03000027110		
3.		Date of filing/registration in Florida	4.	_	Document number		
5	(a)						
	()	Registered Agent and Registered Office shown on the records C T CORPORATION SYSTEM	of the Floric	da I	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	SS)	2 ~~		
		1200 SOUTH PINE ISLAND ROAD			1023 F		
		PLANTATION	FL. 33324		2023 HAR -		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent and/or NEW Regis</u>			dress:		
		1201 Hays Street					
		Tallahassee	FL_32301				
cha age was	inge int w s/we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the register Hiability cors s of the lin	rec on nit	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
/s/ Manuel Scharf			Ma	Manuel Scharf			
Signature of a member or authorized representative of a member				Printed or typed name of signee			
pro the to i	visio obli nere ified	ons of all statutes relative to the proper and comple gations of my position as registered agent as providively reflect a change in the registered office address, in writing of this change.	igree to ac te perform ded for in (I hereby c	t i tar Cl :or	in this capacity. I further agree to comply with the moe of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
<u></u>		race tokubly					
Signature of Registered Agent							