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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HIBOU PROPERT		V FLORIDA HOLD	INGS L	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning th	his matter to	o the following:		
Joel Karp			0 010	
(Name of Person)			ASSO ASSO	
IOEL L WARR RA			SEP -4	
JOEL J. KARP, P.A. (Firm/Company)			F COR	
			ORPORATIONS PM 2: 53	
520 Brickell Key Drive, Suite O-303			: 53	
(Address)			35	
Miami, FL 33131				
(City/State and Zip Code)				
For further information concerning this matter	, please cal	l:		
Joel Karp	at (305) 445-3545		
(Name of Person)	at (<u>505</u>	(Area Code & Daytime Telephone	Number)	
STREET/COURIER ADDRESS:		AILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:			
\$25 Filing Fee	☐ \$:	\$55 Filing Fee & Certified Copy		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. HOLDING 1. The name of the limited liability company is: HIBOU 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Alhambra Registered Agents Inc. Name 2 Alhambra Plaza, Suite 1202 Address Coral Gables, FL 33134 City, State and Zip 6. The name and address of the new registered agent and/or office: Key Registered Agents Inc. Name 520 Brickell Key Drive, Suite O-303 Florida street address (P.O. Box NOT acceptable) Miami 33131 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the presating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Peter R. Evans (Printed or typed name of signee) 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. e of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)