

02/23/2023 1:57 February 23, 2023 1056 To:18506176383.net2phone.com Fax:18506176383 P: 2/2

H23000070504 3

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

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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

. Na	me of the limited liability company:	LDINGS	AT HISSAR, LL	,C		
. (a)	3995 South Douglas Road		(b) 3995 South Douglas Road			
·	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		M1:	Aailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	Miami, FL 33133		Miami, FL [33133		
	05/26/2005		L0500005298	9		
. (a) (b)	Date of filing/registration in Florida AGI REGISTERED AGENTS, INC.	4.		ocument number		
	Registered Agent and Registered Office shown on the records of 1000 Brickelf Avenue					
	Registered Office Address (MUST BE FLORIDA STREET Suite 300					
	Miami, F	L_33131		ज्ज	20	
	Adam Schucher, Esq.				2023 FFB	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		\sim	- 		
	c/o Katz Barron, 901 Ponce de Leon Boulevard					:. (
	<u>NEW</u> Registered Office Address:				8	
	10th Floor					
	Coral Gables	L ³³¹³⁴				

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 operating agreement of the limited liability company.

Adam Schucher, Esq., as Authorized Rep of R. Millard Signature of a member or authorized representative of a member Printed or typed name of signee Thereby 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 dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in firiting of this change Signatur Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00