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## 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.

| 1. The name of the limited liability company is:  | HGB Properties, LLC  |  |
|---|--|--|
| 2. The mailing address of the limited liability co  | ompany is: 3332 Southside Blvd.  |  |
| Jacksonville, FL 32246  | ·  |  |
| 2-16-06   | L06000017411   |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |
| 5. The name of the registered agent and the registered agent and the registerida Department of State:  Michael M. Bajal   |  |  |
| 1301 Riverplace B   | Name<br>Ivd., Suite 1700   |  |
|   | A 11   |  |
| Jacksonville, FL 32207  |  |  |
| City, State and Zip   |  |  |
| 6. The name and address of the new registered agent and/or office:  |  |  |
| Michael M. Bajalia  | Address 12207 State and Zip Igent and/or office:  A, Esq. Name I, 7th Floor Is (P.O. Box NOT acceptable)   |  |
| Name  |  |  |
| 501 Riverside Ave., 7th Floor   |  |  |
| Florida street addres   | s (P.O. Box NOT acceptable)  |  |
| Jacksonville,   | FL 32202   |  |
| City, S   | State and Zip  |  |
| confirmed that after the change or changes are n<br>and the business office of the registered agent w   |  |  |
| Michael M. Bajalia<br>(Printed or typed name of signee)   |  |  |
| I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F,S. Or, if this document is being address, I hereby confirm that the limited liability | ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change. |  |
| (Signature of Registered Agont)   |  |  |
| / Division of Corporations, P.  | O. Box 6327, Tallahassee, FL 32314   |  |

**FILING FEE: \$25.00**