

LO7 000082672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

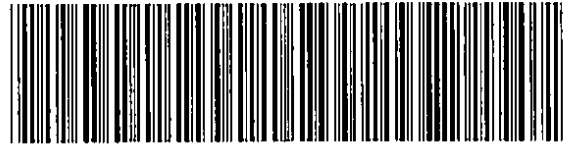
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HSD Real Estate Solutions, LLC  
Name of Corporation

**DOCUMENT NUMBER:** 1.07000082672

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Shapiro

Name of Contact Person  
HSD Real Estate Solutions, LLC

Firm/Company  
301 Spiaggio Court

Address  
Naples, FL 34114

City/State and Zip Code  
hshapiro0408@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Shapiro at (954) 529-6642  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HSD Real Estate Solutions, LLC

2. The principal office address: 301 Spiaggio Court Naples, FL 34114

3. The mailing address (if different): 301 Spiaggio Court Naples, FL 34114

4. Date of incorporation/qualification: 08/10/2007 Document number: 1.07000082672

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Heather Shapiro

2655 NW 83rd Way

Cooper City, FL 33024

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Heather Shapiro

301 Spiaggio Court

P.O. Box NOT acceptable

Naples, FL 34114

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Heather Shapiro  
Signature of an officer or director

Heather Shapiro MGRM

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Heather Shapiro  
Signature of Registered Agent

05/08/2023

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)