LC8 CCCC 1527CS

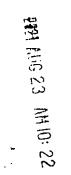
(Requestor's Name)							
(Address)							
,							
(644							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Sasmess Cittly Harris)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	HSTB, LLC					
		Name of Limited Li	ability Company			
Dear S	ir or Madam:					
The er	iclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to the t	ollowing:			
Damas	o W. Saavedra					
	Name of Person		 -			
Saavec	Ira-Goodwin					
	Firm/Company					
888 S.	E 3rd Avenue, Suite 500					
	Address					
Fort L	auderdale, Florida 33316		_ <u>-</u>			
-	City/State and Zip Co	de				
dpazo(@saavlaw.com					
	E-mail address: (to be used for future	annual report notif	ication)			
For fu	rther information concerning this ma	tter, please call:				
Deann	a Pazo	954 at (767-6333			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	Fee S55 Filing Fee & Certified Copy				

INHS18 (2/14)

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	ime of the limited liability company: HSTB, LLC				
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4860 NE 12TH AVENUE		4860 NE 12	2TH AVENUE	
	FORT LAUDERDALE, FL 33334		FORT LAU	UDERDALE, FL 33334	
	05/28/2008		L080000529	008	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)	Saavedra, Damaso W, Esq.			,	
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			亞.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			; 23	
	Fort Lauderdale , FI	33316	33316 22		
(b)			· .	22	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	
	That have of NEW Registered Agent and/or NEW Registered	Office ac	igress:		
	Saavedra, Damaso W, Esq.				
	NEW Registered Office Address:	**		-	
	888 S.E 3rd Avenue, Suite 500		<u>-</u>		
	Fort Lauderdale , FL	33316			
change gent was/we he arth Signat I hereb trovisic he obli o mere otified	or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the of figure of a member of the description of the operating agreement of the first of a member of a	register ability confithe limited limited	ed office and ompany, it is nited liability is in this cape.	If the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee	