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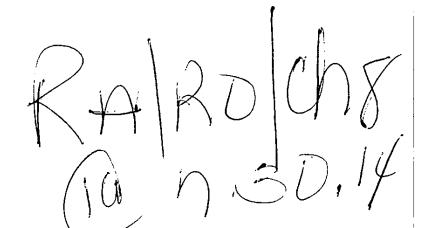
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: HFW III, LLC				
	Nam	e of Limited Liability Company			
Dear S	ir or Madam:				
The en	iclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:			
Tama	ara Surratt				
	Name of Person				
Lega	cy Family Office				
	Firm/Company				
2316	0 Fashion Drive, Suite 227				
	Address				
Ester	ro, FL 33928				
	City/State and Zip Code	·			
tsurra	att@legacyfamilyoffice.com				
E	E-mail address: (to be used for future ann	ual report notification)			
For fur	rther information concerning this matter,	please call:			
Tama	ara Surratt	at (
	Name of Person	Area Code & Daytime Telephone Numbe			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
INHSI	8 (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	me of the limited liability company: HFW III, LLC				
2.	(a)	3560 Fort Charles Drive	ſŀ	3560 Fo	rt Charles Drive	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	<i></i>	Aailing address of limited liability (Note: MAY BE POST OFFIC	
		NAPLES, FL 34102	-	NAPLES	s, FL 34102	
		06/02/2010		L1000005	58872	
 3. 5. 	(a)	Date of filing/registration in Florida COHEN & GRIGSBY, P.C.	4.		Document number	
J1	(44)	Registered Agent and Registered Office shown on the records of th MERCATO - 9110 STRADA PLACE	:			
		Registered Office Address (MUST BE FLORIDA STREET AD STE 6200				
(NAPLES ,FL	34108	ı		
	(b)	GEORGE HAMEL, JR.				\$ 24 <u>0</u>
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	idress:	C	E POR STAN
		3560 FORT CHARLES DRIVE				5
		NEW Registered Office Address:				PH 12: 35
		NAPLES , FL	34102			
the age	cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he regi oility c the lin	istered office ompany, it is nited liability liability com	e and the business office of s hereby confirmed that the y company or as otherwise	the registered change(s)
_	Signa	ture of a member of authorized representative of a member			Printed or typed name of signee	
pre the to no	ovisi e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change	e to ac perform for in ereby c	t in this cape iance of my e Chapter 605 confirm that i	acity. I further agree to conduties, and I am familiar wi futies, and I am familiar wi faction, F.S. Or, if this document the limited liability compan	nply with the th and accept is being filed y has been