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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : KATZ BARRON Account Number : 072627002473 Phone : (305)856-2444 Fax Number : (305)860-2588 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** adam@katzbarron.com Email Address: LLC REGISTERED AGENT CHANGE H&T OBERLANDER LLC Certificate of Status 0	
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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 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.

H&T OBERLANDER LLC

Ni	ame of the limited liability company:	NDER LL	.C	· . ·	
(a)	3969 Hardie Avenue	(	3995 Sou	ith Douglas Rd.	
. ,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	`	/ <del>~</del>	Mailing address of limited li (Note: MAY BE POST 6	
	Coconut Grove, FL 33133		Miami, FI	_ 33133	
	03/31/2011		L11000038-	414	
	Date of filing/registration in Florida	4.	<b></b>	Document number	
(a)	GREG HERSKOWITZ, P.A. (Mrs.)				
	9100 S. Dadeiand Blvd. Registered Office Address <u>(MUST BE FLORIDA STREET</u> Suite 908		<u></u>		2023 FEB
	Miami, F	1. 33156		-	FF3 2
(b)	Adam Schucher, Esq.				$\omega$ $\Box$
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office no	<u>ldress</u> :		1 1 1 1 1
	c/o Katz Barron, 901 Ponce de Leon Boulevard				5 PH 12: 07
	NEW Registered Office Address:		<del>777</del>	_	
	<u>NEW</u> Registered Office Address: 10th Floor			-	

gistered office and the business office of the registered , the Florida street address of the re 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 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 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. I hereby confirm that the limited liability company has been notified in writing of this change. cgistered Agent Signature of Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INH\$18 (2/14)