

| (Requestor's Name) | | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | | |
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| (Business Entity Name) | | | | | | | | |
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| Outflied Outlies | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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AUG 0 7 2015 S MASON



July 27, 2015

JOHN BUTLER 20283 STATE ROAD 7, SUITE 400 BOCA RATON, FL 33498

SUBJECT: HPF CAPITAL, LLC Ref. Number: L12000111666

We have received your document for HPF CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 215A00015679

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | | |
|---|--|--------------------|--|--|--|--|--|--|--|--|
| SUBJI | HPF Capital LLC | | | | | | | | | |
| | Name of Limited Liability Company | | | | | | | | | |
| Dear S | ir or Madam: | | | | | | | | | |
| The en | nclosed Registered Agent/Registered Offi | ce Change and f | ee(s) are submitted for filing. | | | | | | | |
| Please | return all correspondence concerning thi | s matter to the fo | ollowing: | | | | | | | |
| John | Butler | | | | | | | | | |
| | Name of Person | | _ | | | | | | | |
| HPF | Capital LLC | | | | | | | | | |
| | Firm/Company | - t- t-, | _ | | | | | | | |
| 2028 | 3 State Road 7 Suite 400 | | | | | | | | | |
| | Address | | _ | | | | | | | |
| Boca | Raton, FL 33498 | | | | | | | | | |
| | City/State and Zip Code | | _ | | | | | | | |
| E | E-mail address: (to be used for future ann | ual report notific | cation) | | | | | | | |
| For fu | rther information concerning this matter, | please call: | | | | | | | | |
| John | Butler | 561 | 404-5150 | | | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg Div P.O. | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | | |
| | ■ \$25 Filing Fee | □ \$55 | 5 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. N | ame of the limited liability company: HPF Capital | LLC | | | | | |
|----------------------------|---|---|---|--|---|--|--|
| 2. (a) | 20283 State Road 7 | (b) ² | (b) 20283 State Road 7 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (8)_ | | | | | |
| | Suite 400 Sui | | | e 400 | | | |
| | Boca Raton, FL 33498 | | Boca Raton, FL 33498 | | | | |
| | 08/29/2012 | L1 | 20001116 | 66 | | | |
| 3. | Date of filing/registration in Florida | 4. | Do | cument nu | ımber | | |
| 5. (a) | Capitol Corporate Services, INC | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | f the Florida De | ept. of State: | | | | |
| (b) | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 155 Office Plaza Drive Ste A | | | | | | |
| | Tallahassee | 32301 | | | | | |
| | John Butler | | | | SAV L | A STATE COMME | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | ARY | <u>-</u> | E-magning | |
| | 20283 State Road 7 | | | OF STATE | Æ. | Ü | |
| | NEW Registered Office Address: | | | ATE RID, | 02 | | |
| | Suite 400 | | | → | . • | | |
| | Boca Raton , FI | _L 33498 | | | | | |
| the chagent was/w | dimited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the | of the register iability composited of the limite | red office an pany, it is he d liability co pility compar Bulter | d the busing the busing the desired the confidence of the confiden | ness of irmed t as othe | fice of the registered hat the change(s) erwise provided in | |
| Signa | ature of a member or authorized representative of a member | | Pri | nted or type | d name o | of signee | |
| provis the ob to mer | eby accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide tely reflect a change in the registered office address, I ad in whing of this change. | ree to act in e performant ed for in Cho hereby conj | this capacit ce of my duti apter 605. F. irm that the | y. I furthe es, and I c S. Or, if t limited lia | er agre am fam his doc ability d | e to comply with the iliar with and accept cument is being filed company has been | |
| Signati | ure of Registered Agent | | | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00