## L120001191649

(Requestor's Name)					
•					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
- (Business Entity Name)					
· · · · · · · · · · · · · · · · · · ·					
(Document Number)					
 Centified Copies Certificates of Status 					
Special Instructions to Filing Officer					
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Coffice Use Only					



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ATE 06/18/2024						
ппс	SEACATE HAMIET I		<b>⇔</b> WALK	IN-		
ENTITY NAME THE	SEAGATE HAMLET, L	LC				
DOCUMENT NUMBER						
	**PLEASE FILE TR	HE ATTACHED AND RETURN**				
xxxxxxxx	Plain Copy					
	Certified Copy					
	Certificate of Status					
	**PLEASE OBTAIN THE F Certified Copy of Arts Certificate of Good Sta					
	**APOSTILLE' / N	NOTARIAL CERTIFICATION**	<del></del>			
COUNTRY OF DESTINA	ATION					
NUMBER OF CERTIFIC	PATES REQUESTED					
TOTAL OWED \$25		ACCOUNT #: I20160000072	<u> </u>			
		-5 8 F/6				
Please call Tina at	the above number for	any issues or concerns. Thank you so	much!			

## 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.

I. N	ame of the limited liability company: HHC SEAGAT	Е НАМІ	LET, I	LLC
2. (a)			(b)	
2. (4,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	3600 Hamlet Drive		3	3600 Hamlet Drive
	Delray Beach, FL 33445		I.	Delray Beach, FL 33445
	09/18/2012		L	.12000119649
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	of the Flor	rida De	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	T ADDRE	<u>:SS)</u>	
	PLANTATION , F	33324	**	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office :	addre:	2024 JULY 18 10.1 10: 38
	Platinum Agent Services LLC			
	NEW Registered Office Address:			 ე
	155 Office Plaza Dr			
	Tallahassee, F	L_32301		
change agent v was/wo the arti /s/ Bria Signa	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members celes of organization or the operating agreement of the management of a member of a member or authorized representative of a member observed the appointment as registered agent and agreement of all statutes relative to the proper and complete	e registeriability of the limited	ered o compl mited liabi rian M	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in pility company.  Mahoney  Printed or typed name of signce
he obl o mere wtiftee	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ed for in hereby c	Chaj confu	iptér 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	ren Friedman			
Signatu	re of Registered Agent			