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| (Re | questor's Name) | | | | |
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| (Address) | | | | | |
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| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
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| PICK-UP | MAIT | MAIL | | | |
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| (Bu | isiness Entity Nar | ne) | | | |
| (00 | ocument Number) | | | | |
| (50 | outrom rumber, | | | | |
| Certified Copies | es Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: H&C FORTY LLC | | | | | |
| Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Offic | e Change and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this | matter to the following: | | | | |
| FILIPPO CINOTTI | | | | | |
| Name of Person | | | | | |
| CINOTTI LLP | | | | | |
| Firm/Company | | | | | |
| 11 BROADWAY, SUITE 368 | | | | | |
| Address | | | | | |
| NEW YORK, NY 10004 | | | | | |
| City/State and Zip Code | | | | | |
| fcinotti@cinottistone.com | | | | | |
| E-mail address: (to be used for future annu | al report notification) | | | | |
| For further information concerning this matter, p | please call: | | | | |
| Micaela Conte | 212 825-0489 | | | | |
| 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 | 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 | | | | |
| 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. | Name of the limited liability company: H&C FOR I | YLLC | | . | | |
|-------------------------------|--|---|--|--|---|----------------------|
| 2. (a) | Principal office address of limited liability company: | (b | (b) | | | |
| | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) | | |
| | 3025 St. James Dr. | | 3025 St | . James Dr. | | |
| | Boca Raton, FL 33434 | | Boca Ra | aton, FL 33434 | | |
| | 03/04/2013 | | L130000 | 32131 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (| a) | | | | | |
| · | Registered Agent and Registered Office shown on the records Cristiano Vicentini | of the Florida | Dept. of Stat | te: | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | _ | z:/ = | | |
| | 3025 St. James Dr. | | | | | |
| | Boca Raton | _{FI} 33434 | | _ | § | FILE |
| | | . L | | - | 22 | |
| (1 | b) | | | - - | 2 P | Ċ |
| | Enter name of NEW Registered Agent and/or NEW Registe | red Office ad | dress: | | PH 12: 4: | |
| | CINOTTI LLP | | | _ | ₹ 16. 16. | |
| | NEW Registered Office Address: | | | _ | | |
| | 66 West Flagler Street, Suite 1002 | | | <u></u> | | |
| | Miami, | _{FL} 33130 | | | | |
| the cager was the cager | c limited liability company is not organized under the change or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of a member or authorized representative of a member | laws of the softhe region of the limited Cris | State of Fl stered office ompany, it nited liabili liability con stiano Vic | ce and the business of is hereby confirmed ty company or as oth mpany. Centini, Sole Mem Printed or typed name | ffice of the regist that the change(s terwise provided abor of signee | tered s) in |
| prov the c to m noti | visions of all statutes relative to the proper and complete is sisted agent and complete is the proper and complete is the proper and complete is the proper agent as provered agent as provered agent as provered in writing of this change. | ete perform ided for in (. I hereby c | ance of my Chapter 60 onfirm that | duties, ånd I am fan 5, F.S. Or, if this do t the limited liability | uiliar with and ac cument is being , company has bei | ccepi filed en |
| Sign | nature of Registered Agent | | | | | |