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SECRETARY OF STATE
ANALYSEE FLORID.

HARRIS J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/029

Re: 7402 HERITAGE HILLS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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	lame of the limited liability co	ompany: 7402 HERITA	GE HILLS	LLC				
2. (a)	i		(b)	<b>)</b>				
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			M	failing address of limited li	dress of limited liability company: MAY BE POST OFFICE BOX)		
	5118 N 56TH STREET			P.O. BOX 311029				
	TAMPA, FL	33610		TAMPA, F	TAMPA, FL 33680			
	09/19/2013			L1300013	2774			
3.	Date of filing/regis	tration in Florida	4.	Γ	Document number			
5. (a	)							
·	Registered Agent and Registered (	Office shown on the records of	of the Florida	Dept, of State:			e e	
	MCINTYRE, RICHARD J,	ESQ.						
	Registered Office Address (M	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	501 EAST KENNEDY BOULEVARD SUITE 1900				ACC	<b>Californi</b>		
(b)	TAMPA	, F	L 33602		AHA5	AWA	1 1	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:  1201 Hays Street  NEW Registered Office Address:				OF STATE	Section 1		
	Tallahassee	, F	FL 32301					
the chagent was/v	limited liability company is no ange or changes are made, the will be identical. Or, in the covere authorized by an affirmat ticles of organization or the op	ot organized under the less of a Florida street address ase of a Florida limited ive vote of the members	aws of the of the regis liability co	tered office a mpany, it is l ted liability	and the business office hereby confirmed that company or as others	ce of the	e registered nange(s)	
	ALBERTO DE ALEJO		Albe	rto De Alejo,	, Authorized Person			
Sign	ature of a member or authorized repr	resentative of a member		]	Printed or typed name of s	signee		
provis the ob to me	eby accept the appointment as sions of all statutes relative to ligations of my position as revely reflect a change in the resed in writing of this change.	registered agent and a the proper and comple gistered agent as provia gistered office address,	gree to act le performa led for in C I hereby co	in this capac nce of my di hapter 605, nfirm that th	city. I further agree t uties, and I am famili F.S. Or, if this docu he limited liability coi	o comp ar with nent is npany i	oly with the and accep being filed has been	
Signat	ure of Registered Agent Corporat	ion Service Company	BY: G	ace E. Kirb	by, Asst. Vice Presid	dent		

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