113000/67033

| (Requestor's Name) | | | | | | |
|---|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

INHS18 (2/14)

| | Registration Section Division of Corporations | • | | | | | |
|---|--|---|--|--|--|--|--|
| SUBJE | | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Si | r or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | |
| Please r | eturn all correspondence concerning this matt | ter to the following: | | | | | |
| SUNN | Y L. HILLARY | | | | | | |
| | Name of Person | | | | | | |
| HILLA | RY, P.A. | | | | | | |
| | Firm/Company | | | | | | |
| 605 E. | ROBINSON STREET, SUITE 300 | | | | | | |
| | Address | | | | | | |
| ORLA | NDO, FL 32801 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | Y@HILLARYLAW.COM | | | | | | |
| E- | mail address: (to be used for future annual rep | port notification) | | | | | |
| For furt | her information concerning this matter, please | e call: | | | | | |
| SUNN | Y L. HILLARY | 407 237-0911 | | | | | |
| · — · · · · · · · · · · · · · · · · · · | 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 | | | | | |

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. | Na | me of the limited liability company: | H5 REAL EST. | ATE, | LLC | | | | |
|--|--|--|---|--|---|---|--|--|--|
| | | | | | | | | | |
| | ` ' ' | Principal office address of limited lia (Note: MUST BE STREET A | | - ` | , | λ | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | 605 E. ROBINSON STREET, | SUITE 300 | | 60 | 5 E. R | OBINSON STREET, SUITE 300 | | |
| | | ORLANDO, FL 32801 | | - | OF | RLAND | OO, FL 32801 | | |
| | | 12/02/2013 | | | L13 | 00016 | 37033 | | |
| 3. | | Date of filing/registration in | n Florida | 4. | | | Document number | | |
| 5. | (a) | | | | | | | | |
| ٠, | (4) | Registered Agent and Registered Office show | wn on the records of th | e Florid | a Dept. | . of State | : | | |
| | | JAMES J. FLICK | | | | | _ | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3700 SOUTH CONWAY ROAD, SUITE 100 | | | | | | FILED FILED PH 4: 17 | | | |
| | | ORLANDO | E1 3 | 32812 | } | | 艺艺艺 | | |
| | | | , FL | | | | esse esse | | |
| | (b) | Enter name of NEW Registered Agent and | | | | | E.F. | | |
| | | Enter name of <u>NEW Registered Agent</u> and | or NEW Registered C | Office ac | <u>idress</u> : | | LORE TO | | |
| | | HILLARY, P.A. | | | | | | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | 605 E. ROBINSON STREET, | 300 | | | | | | |
| | | ORLANDO | , FL | 32801 | | | | | |
| the ag | cha ent w s/we | nge or changes are made, the Florida it is identical. Or, in the case of a | ized under the laws street address of t Florida limited liab of the members of | s of the he regi oility c the lin imited | e State istered ompa nited liabil | d office ny, it is liability ity com | • | | |
| | Signat | ure of a member or authorized representative | of a member | IVIA | ARK | I. HIL | Printed or typed name of signee | | |
| I i pro the to | hereb ovisie obli mere | ov accept the appointment as register | red avent and avre | e to ac erform for in ereby c | et in the nance Chap confir | his capa of my c ter 605 m that i | acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | | |
| <u>C:</u> | | Jumy Killary | | | | | | | |
| 51 | gnavdi | re of Registered Agent | | | | | | | |
| | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | | | |