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(Requestor's Name)				
(Address)				
(Address)				
(City/Sta	ite/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busines	ss Entity Name)			
(Docum	ent Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing	o Officer:			
Special instructions to Filing	J. HORNE	021		





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10/25/21--01019--009 **25.00



COVER LETTER

Division of Corporations					
HRC HW Dania LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	nge and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Veronica Rodriguez					
Name of Person					
HRC HW Dania LLC					
Firm/Company					
16855 NE 2nd Ave STE 305					
Address					
North Miami Beach, FL 33162					
City/State and Zip Code					
vmercedesrodriguez2@gmail.com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Veronica Rodriguez	954 483-8321				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amour	ıt:				
■ \$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.

L. N	ame of the limited liability company: HRC HW Dania I	LLC			
2. (a)	16855 NE 2nd Ave STE 305		(b) 16855 NE 2nd Ave STE 305		
ω. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 305		STE 305	_	
	North Miami Beach, FL 33162	_	North Mia	imi Beach, FL 33162	
	03/27/2014		L14000050	651	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CT CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Flor	ida Dept. of Stat	ec:	
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRE	(S.S)	_	
	PLANTATION , FL	33162		- -	
(b)	VERONICA RODRIGUEZ Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	TIDIOCT 25 M 6: 25	
	VERONICA RODRIGUEZ			過量の	
	NEW Registered Office Address:			-	
	16855 NE 2ND AVE STE 305				
	NORTH MIAMI BEACH FL	33162		- -	
Signa I herei provisi the obli	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agree on of all statutes relative to the proper and complete proper ignious of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete the profession of this change.	registed bility of the limited himited	ered office and company, it is mited liability com liability com	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee active. I further agree to comply with the	

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