114000078687

| (Re | equestor's Name) | . | | |
|---|--------------------|--------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000291359850

10/24/16--01021--030 **25.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|--------------------------|--------------------------------------|--|--|--|
| SUBJI | Trog Hawley Real Estate, LLC | | | | | |
| | Name | of Limited Liab | oility Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Office | ce Change and fe | e(s) are submitted for filing. | | | |
| Please | return all correspondence concerning this | s matter to the fo | llowing: | | | |
| Edwa | ard P. Kelly | | | | | |
| | Name of Person | | - | | | |
| Trog | Hawley Capital, LLC | | | | | |
| | Firm/Company | | - | | | |
| 501 V | /illage Boulevard, Suite 2 | | _ | | | |
| | Address | | | | | |
| West | Palm Beach, FL 33409 | | _ | | | |
| • | City/State and Zip Code | | | | | |
| ekeliy | /@troghawley.com | | | | | |
| E | E-mail address: (to be used for future annu | al report notification | ation) | | | |
| For fu | rther information concerning this matter, I | please call: | | | | |
| Edwa | ard Kelly | 561 at (| 768-7751 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| | STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section | | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | Clifton Building | P.O. Box 6327 | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | • | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| | ■ \$25 Filing Fee | | Filing Fee & Certified Copy | | | |
| | ■ \$20 Fining Fee | درو اسا | Timing rec & 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. Na | me of the limited liability company: Irog Hawley F | keal E | :state, LLC | <u> </u> | |
|--|--|---|--|--|--|
| 2. (a) | (a) 501 Village Blvd | | (b) 501 Village Blvd | | |
| \ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Suite 2 | | Suite 2 | | |
| | West Palm Beach, FL 33409 | - | West Pa | alm Beach, FL 33409 | |
| | 5/15/2014 | | L140000 | 78687 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | Trog Hawley Capital, LLC | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of the 354 Toney Penna Drive Registered Office Address (MUST BE FLORIDA STREET A Suite 1 | | | | |
| | Jupiter | 33458 | 3 | - 7 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered of 501 Village Blvd NEW Registered Office Address: Suite 2 West Palm Beach FL | Office a | | 16 OCT 24 M 7.01 CORETARY OF STATE LAHASSEE, FLORIDA | |
| the cha agent v was/we the arti | imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the reg bility of the li limited A[| company, it is intended in the company it is intended liability con DAM RYAN | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. N, MANAGING DIRECTOR OF Printed or typed name of signee. | |
| the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pietions of my position as registered agent as provided ely reflect a change in the registered office address, I have the change of the change. | for in | Chapter 60 | Pacily. Thirther baree to comply with the dutles, and I am familiar with and accept 5, F.S. Or, if this document is being filed | |
| | FILING FE | ox 632 | 27∙ Tallaha | 6 Director ssee, FL 32314 | |