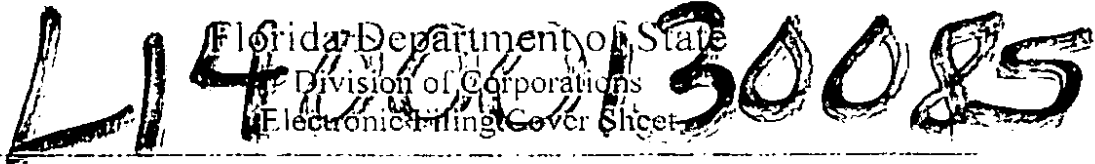


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H160000139123VBCD



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-8383

From:

Account Name : HUNT & GROSS, P.A.
Account Number : 120010000038
Phone : (561) 997-9223
Fax Number : (561) 989-8908

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

jainc@group6.com

RECEIVED

MAR 08 2019

LLC REGISTERED AGENT CHANGE GROUP P6-B LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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MAR -8 AM 8:01
STATE OF FLORIDA

O SIMMONS

MAR 11 2019

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Corporate Filing Menu

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(((H19000079875 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROUP P6-B LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETSY COURANT

Name of Person

GROSS HOFFMAN PLLC

Firm/Company

14 SE 4TH STREET, SUITE 36

Address

BOCA RATON, FL 33432

City/State and Zip Code

idiaz@groupp6.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ignacio Diaz

561

409-0077

at ()

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)

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(((H19000079875 3)))

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: GROUP P6-B LLC
2. (a) 17376 Vistancia Circle
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton, FL 33496
- (b) 17376 Vistancia Circle
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33496
3. 08/19/2014
Date of filing/registration in Florida
4. L14000130085
Document number

5. (a) HCRM Corp.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14 SE 4th Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 36
Boca Raton, FL 33432

- (b) GROSS HOFFMAN PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
14 SE 4th Street
NEW Registered Office Address:
Suite 36
Boca Raton, FL 33432

FILED
19 MAR -8 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of member or authorized representative of a member

IGNACIO DIAZ

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00