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COVER LETTER

Division of Corporations HNL CONSTRUCTION LLC SUBJECT: 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: CAROL RUBEN Name of Person INNISFREE HOTELS, INC Firm/Company 113 BAY BRIDGE DRIVE Address **GULF BREEZE, FL 32561** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROL RUBEN 850 698-0266 at (____ Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

Registration Section

TO:

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	une of the limited liability company:HNL CONSTRU	UCTION I	.LC				
2. (a)	113 BAY BRIDGE DRIVE, GULF BREEZE, FL 32561	(b)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 113 BAY BRIDGE DRIVE	(",		Mailing address of (Note: MAY B)		-	• •
		_					
	GULF BREEZE, FLORIDA 32561	_				_	
	11/19/2014	Ĺ.	.14000179	0878			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	RICHARD CHISM						
	Registered Agent and Registered Office shown on the records of t	ite:					
	Registered Office Address	_					
	GULF BREEZE, FL	32561		-	ΙĂΪ	202	
(b)					TALLAHASSEE, H	2023 OCT 13	Ŧ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	SS.	$\overline{\omega}$	
	ASON NICHOLSON				CI SIATE E. FLORIDA	AH I	
	NEW Registered Office Address:		<u> </u>)RIG	8: 42	
	113 BAY BRIDGE DRIVE			_	Ä	N	
	GULF BREEZE, FL	32561		_			
change igent v was/we he arti	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 ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility con f the limit limited lia	l office ar ipany, it i ed liabili ibility cor	nd the business of is hereby confirming ty company or a mpany. ORE, CFO	office o med that is other	of the re at the c wise p	egistered hange(s)
-	ture of a member or authorized representative of a member		<i>t</i> ·	Printed or typed		_	, , , ,
provisi he obl o merc	by accept the appointment as registered agent and agree ons affall statutes relative to the proper and complete pigniful statutes relative to the proper and complete pigniful so finy position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	ee to act i performan I for in Ch ereby con	n this cap ice of my apter 60, firm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liab	ugree i 1 famili 18 docui 1 lity coi	to com ar with ment is mpany	ply with the h and accept s being filed has been
Signatu	ic o Registered Agent						