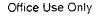
L14000195058

(Re	equestor's Name)					
(Ac	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status	5				
Special Instructions to Filing Officer:						
		6.6				





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V L'UTLER

APR - 5 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 624566 7239431

AUTHORIZATION : Springle man

COST LIMIT : \$ 25.00

ORDER DATE: March 30, 2023

ORDER TIME : 2:23 PM

ORDER NO. : 624566-006

CUSTOMER NO: 7239431

CHANGE OF AGENT

NAME: PROPERTIES OF HAMILTON, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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.

I. N	ame of the limited liability company: PROPERTIES	OF HAMI	ILTON, LLC	,	· 18-18
2 (a)		()	<i>)</i>		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,		Mailing address of limite (Note: MAY BE POS	ed liability company:
	777 BRICKELL AVE 9TH FLOOR		777 BRIC	KELL AVE 9TH FLO	OOR
	MIAMI, FL 33131	_	MIAMI, FI	L 33131	
	12/22/1982		L1400019	5058	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a))				
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- e:	
	GINORIO, MARIA V				22
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	_)23 /
	777 Brickell Ave 9th Floor				₹*; ? 2023 APR
	Miami , F	33131		-	<u>; </u>
				_	AH O
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	<u>dress</u> :		. 5 <u>.</u>
	Corporation Service Company				
	NEW Registered Office Address:	•		-	
	1201 Hays Street			_	
	Tallahassee	32301			
	rı	l		-	
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere lability co of the lim	ed office and mpany, it is ited liability	d the business office s hereby confirmed t y company or as oth	e of the registered that the change(s)
/S/ Ric	chard Kohan	Rich	nard Kohan,	, Authorized Person	
Signa	ature of a member or authorized representative of a member			Printed or typed name	of signee
provis. the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	ree to act performand for in C hereby co	in this capa ince of my a chapter 605, infirm that t	acitv. I further agred luties, and I am fam , F.S. Or, if this doc the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
Signati	ve of Pagistered Ameri				

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

Grace E. Kirby, Asst. Vice President