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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ACCUMERA LLC Account Number : I20090000079 Phone : (518)937-9117 Fax Number : (518)937-9128

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

Email Address: Into @accumera.com

LLC REGISTERED AGENT CHANGE HASSAM REAL ESTATE HOLDINGS LLC

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From:5189379128

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COVER LETTER

TO: Registration Section Division of Corporations Hassam Real Estate Holdings 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: Heather LaBelle Name of Person Accumera LLC Firm/Company 911 Central Ave., #101 Address Albany, NY 12206 City/State and Zip Code info@accumera.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Heather LaBelle Area Code & Daytime Telephone Number Name of Person

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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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. Na	 me of the limited liabi	lity company: Hassam Re	al Estate	Holdings	LLC	
2. (a)	311 Arthur Avenue	•	(b	(b) 311 Arthur Avenue		
(-)		dress of limited liability company: TBE STREET ADDRESS)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Englewood Cliffs	NJ 07632		Englewo	ood Cliffs, NJ 07632	
	4/17/2015	***************************************		L150000	67956	
3.	Date of filing	registration in Florida	4.		Document number	
5. (a)	INCORPORATIN	G SERVICES, LTD.				
		stered Office shown on the records of	of the Plorida	Dept. of State		
	1540 GLENWAY	DRIVE	. '	7		
	Registered Office Address	(MUST BE FLORIDA STREE	T ADDRESS	2		
	TALLAHASSEE	. E	32301		22 mg	
(b)	INCORPORATING	S SERVICES, LTD.			. 000	
	Enter name of NEW Regis	tered Agent and/or NEW Register	ed Office ad	dersa:		
	1540 GLENWAY	DRIVE		·	·	
	NEW Registered Office A	ddress:			ਦ ਕੁ	
					~ →	
	TALLAHASSEE	<u> </u> , ,	_{FL} 32301			
the cha agent w was/wo the arti-	nge or changes are ma vill be identical. Or, in the authorized by an afficies of organization or	de, the Florida street address the case of a Florida limited firmative vote of the members the operating agreement of the	of the regis liability co s of the lim he limited l	stered office empany, it is ited liability iability com		
	uhail Hassam	<u> </u>	Sul	nail Hassa		
l herel provision the obli to mere notifica	by accept the appointm ons of all statutes relai igations of my position by reflect a change in t I in writing of this chan	ige.		in this cape ance of my c Thapter 605 onfirm that i	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accep, F.S. Or, if this document is being filed the limited liability company has been	
Signatui	c of Registered Agent	Ascistant de cue la	ing .			

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

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