## L15000 179572

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e <del>se</del> q	COVER LETTER , v.		
TO: Registration Section Division of Corporations			
SUBJECT:	Hallmark Post Oak, LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	ng this matter to the following:		
April Cliche			
Name of Person			
Hallmark Management, Inc.			
Firm/Company			
3111 Paces Mill Rd. Ste. A-250			
Address			
Atlanta, GA 30339			
City/State and Zip Co	ode		
acliche@hallmarkco.com			
E-mail address: (to be used for future	e annual report notification)		
For further information concerning this ma	atter, please call:		
April Cliche	770 984-2100 x118		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS			
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the follow	wing amount:		
☑ \$25 Filing Fee	☐ \$55 Filing Fee & 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. N	ame of the limited liability company: Hallmark Po	st Oak, LLC		
2. (a)				
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4040 West Newberry Road, Suite 950B	3111	1 Paces Mill Rd. Ste. A-250	
	Gainesville, FL 32607	Atlan	nta, GA 30339	
	08/14/2015	L1500	00139572	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	)			
0. (a,	Registered Agent and Registered Office shown on the records o	of the Florida Dept. of	f State:	
	Susan Adams			
	Registered Office Address (MUST BE FLORIDA STREET	[ ADDRESS)		
	4040 West Newberry Road, Suite 950B			
	Gainesville , F	<sub>L</sub> 32607		
			<b>16</b>	
(b)	Enter name of NEW Registered Agent and/or NEW Registere		ARE JAN	
	Enter hame of NEW Registered Agent and/or NEW Registere	d Office address:		
	The Hallmark Companies, Inc.			
	NEW Registered Office Address:			
	4040 West Newberry Road, Suite 950B		E.FLORI	
	Gainesville	<sub>L</sub> 32607		
the ch agent was/w	limited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered of liability company, of the limited liab	office and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
Sign	ature of a member or authorized representative of a member	<del></del>	Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, lead in writing of this change.	gree to act in this e performance of led for in Chapter I hereby confirm t	capacity. I further agree to comply with t fmy duties, and I am familiar with and acc r 605, F.S. Or, if this document is being fil that the limited liability company has been	ıe ≀pt ≀d
Cionet	ure of Registered Agent			
Signat	nic or trefigieren trikenr			

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