- L15000 179644

(Requestor's Name)						
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL.				
(2)						
(Bu	siness Entity Na	me)				
(Do	cument Number)				
Certified Copies	_· Certificate	s of Status				
		 1				
Special Instructions to	Filing Officer:					
		. <u>. </u>				

Office Use Only



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JAN 08 2016 J SHIVERS

COVER LETTER

TO: Registration Section

Division	of Corporations				
SUBJECT:	Hallmark-Florida Manager I, LLC				
bebuter	Name of Limited Liability Company				
Dear Sir or Mad	am:				
The enclosed Re	egistered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.		
Please return all	correspondence concerning t	his matter to the fo	llowing:		
April Cliche					
	Name of Person		-		
Hallmark Mai	nagement, Inc.				
	Firm/Company		-		
3111 Paces I	Mill Rd. Ste. A-250				
	Address		-		
Atlanta, GA 3	80339				
•	City/State and Zip Code		_		
acliche@hall	markco.com				
E-mail add	lress: (to be used for future an	nual report notific	ation)		
For further infor	mation concerning this matte	r, please call:			
April Cliche		770 at (984-2100 x118		
	Name of Person	## \	Area Code & Daytime Telephone Numbe		
Registra Division Clifton 2661 Ex	T/COURIER ADDRESS: ation Section of Corporations Building secutive Center Circle ssee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	d is a check for the followin	g amount:			
☑ \$25 F	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	Name of the limited liability company: Hallmark-Flo	rida Mar	nager I, L	.LC		
2. (a))	(b))			
` '	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 Pa	aces Mill Rd.	Ste. A-250	
	Gainesville, FL 32607		Atlanta,	GA 30339		
	08/14/2015	!	L150001	39644		
3.	Date of filing/registration in Florida	4.		Document num	nber	
5. (a)					
J. (u	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:		
	Susan Adams					
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	1	_		
	4040 West Newberry Road, Suite 950B					
	Gainesville	32607		-	<u> </u>	
	, , ,			_	6	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			_	AR TH	
	Enter name of NEW Registered Agent and/or NEW Registered	LOffice add	lress:		SS -1	
	The Hallmark Companies, Inc.			_		
	NEW Registered Office Address:		•	-		
	4040 West Newberry Road, Suite 950B			_	A STATE OF THE STA	
	Gainesville , FL	32607		_		
If the	limited liability company is not organized under the lav	we of the	State of Fil	- orida it is hereb	w confirmed that after	
the ch	nange or changes are made, the Florida street address of	f the regis	tered office	e and the busine	ess office of the registered	
agent was/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	ability con of the limi	mpany, it i ited liabilit	s hereby confirm	ned that the change(s) s otherwise provided in	
the ar	ticles of organization or the operating agreement of the	limited li	ability con	npany.	s concerning provided in	
	Most Western	Mar	tin H. Pe			
	nature of a member or authorized representative of a member			Printed or typed i	ŭ	
provis the ob to me	eby accept the appointment as registered agent and agrees of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to act performa d for in C hereby co	in this cap ince of my Thapter 60: infirm that	acity. I further duties, and I am 5, F.S. Or, if thi the limited liab	agree to comply with the 1 familiar with and accept 5 document is being filed ility company has been	
Signat	hire of Registered Agent					

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