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| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | | |
|--|--|--|--|--|--|
| HUDSON CHASE, LLC SUBJECT: | | | | | |
| | nited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter | to the following: | | | | |
| MICHELLE SILVERMAN | | | | | |
| Name of Person | | | | | |
| Firm/Company | | | | | |
| 17813 FIELDBROOK CIRCLE | | | | | |
| Address | | | | | |
| BOCA RATON/FL 33496 | | | | | |
| City/State and Zip Code | | | | | |
| MICHELLE.H.SILVERMAN@GMAIL.COM | | | | | |
| E-mail address: (to be used for future annual report | rt notification) | | | | |
| For further information concerning this matter, please ca | all: | | | | |
| MICHELLE SILVERMAN 56 | 901-2501 | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enclosed is a check for the following amount | : | | | | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | | |

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. Nan | ne of the limited liability company: HUDSON CHASE, | LLC | | | | | _ | | |
|------------------------------------|--|---------------------------------------|--|--|--|--|--|---|--|
| 2. (a) I | IUDSON CHASE, LLC | (b) HUDSON CHASE, LLC | | | | | | | |
| ` | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | · · / <u></u> | М | ailing addre (Note: MA | | | | |
| | 17813 FIELDBROOK CIR W | | 1781 | 3 FIEL | DBROOK | CIR W | | | |
| | BOCA RATON, FL 33496 | | | BOCA RATON, FL 33496 | | | | | |
| (| 06/18/2024 | | L1500 | 014298 | 0 | | | | |
| 3. | Date of filing/registration in Florida | 4. | - | Ī | Document | number | - | | |
| 5. (a) 1 | MICHELLE SILVERMAN | | | | | | | | |
| F | Registered Agent and Registered Office shown on the records of the MICHELLE SILVERMAN | e Flori | ia Dept. | of State: | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AL 2530 NW 70TH BLVD | DDRESS) | | | FIL 2024 JUN 1 8 *********************************** | | | | |
| | BOCA RATON , FL 3 | 3496 | | | | | J¥. 8 | = | |
| (b) _ | MICHELLE SILVERMAN Inter name of NEW Registered Agent and/or NEW Registered O | office a | ddress: | | | THASSEL FI | PM I2: 16 | | |
| - | NEW Registered Office Address: | | | | | | | | |
| | 17813 FIELDBROOK CIRCLE W | - | | | | | | | |
| : | BOCA RATON, FL_3 | 3496 | | | | | | | |
| change o agent wi was/were | nited liability company is not organized under the laws or changes are made, the Florida street address of the rell be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the line. | gister ility c the lir mited | red officompany nited liability | ce and y, it is hability of comp | the busine nereby cor company (| ss office firmed th | of the i | registered change(s) | |
| Signatur | re of a member or authorized representative of a member | _ | | F | Printed or ty | ped name o | of signee | | |
| provision he oblig to merely | accept the appointment as registered agent and agree as of all statutes relative to the proper and complete perations of my position as registered agent as provided for reflect a change in the registered office address, I here writing of this change. | to ac erform for in reby c | t in this lance of Chapte lonfirm | s capac f my du r 605, l that the | itv. I furth ties, and I F.S. Or, if e limited I | her agree I am fami I this doc iability c | e to com lliar wit ument i ompany | nply with the h and accept is being filed has been | |
| Signature | of Registered Agent | | | | | | | | |