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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Y SULKER OCT 28 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	:	12000000	0195	
		REFERE	ENCE :	:	159856	7779145	
		AUTHORIZAT	TION :	:	Squitse	Cenan	
		COST L	MIT :	:	\$ 25.00		
ORDER	DATE :	October 22,	2021			~ = -	- -
		4:54 PM					
ORDER :	NO. :	159856-094					
CUSTOM	ER NO:	7779145					
-						· • •	· -
		CHANGE	OF AGE	ENT	1 -		
	NAME:	GREENHILL	PARK	HC	LDINGS, I	LC	
PLEASE	RETURN	THE FOLLOWIN	G AS P	PRO	OF OF FIL	ING:	
		FIED COPY					
XX	_ PLAIN	STAMPED COPY	•				

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.

1.	Na	me of the limited liability company: GREENHILL PA	RK HC)L[DINGS, LLC	
2	(a)	2020 Salzedo Street, 5th Floor		(b)	2020 Salz	edo Street, 5th Floor
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CORAL GABLES, FL 33134	_		CORAL G	ABLES, FL 33134
		09/17/2015		L	15000157	890
3. 5	(a)	Date of filing/registration in Florida ROMERO, RAFAEL	4.	_		Document number
٥.	(<i>a)</i>	Registered Agent and Registered Office shown on the records of t 2020 Salzedo Street, 5th Floor	he Flori	da I	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>		
		CORAL GABLES, FL_	33134			رد
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	TARK SEE, FL			
		NEW Registered Office Address:				SEE O
		1201 Hays Street				是五
		Tallahassee, FL_	32301			
ch ag wa	ange ent v is/wo	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	red on mit	l office and ipany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Lie & Coni	Jill	Ci	lmi. Author	ized Person
I i pro tho to no	- lierel ovisi obli mere tified	we of a member or authorized representative of a member ov accept the appointment as registered agent and agreen of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address. I have the change of this change.	e to ac perforn for in ereby c	et in nar Ch eon		Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Si Gr	gnatui ace E.	e of Registered Agent Kirby, Asst, Vice President of Corporation Service Company				

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