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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: January 21, 2021

Order#: 614762/007

Re: HUH DI/OCP CINQUE TERRE JV 2016, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. <u>XX</u> Check in the amount of \$<u>\$25.00</u>.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
 <u>XX</u> Issue Proof of Filing.
 <u>XX</u> Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

Na	ame of the limited liability company: HUH DI/OCP		
(a)	22 Maple Avenue	(b)	22 Maple Avenue
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	Morristown, NJ 07960		Morristown, NJ 07960
	09/25/2015	 L	.15000164322
	Date of filing/registration in Florida	4.	Document number
(-)	CT CORPORATION SYSTEM		
(a)	Registered Agent and Registered Office shown on the records 1200 S PINE ISLAND RD STE 250	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	PLANTATION	 FL ³³³²⁴	
b)			······································
(Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addr	<u>en:</u>
	Corporation Service Company		- - S - S
	NEW Registered Office Address:		
	1201 Hays Street		<u>0</u> ,
	Tallahassee	32301	 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
nge nt w :/we	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the	he registered liability comp s of the limite	office and the business office of the registe pany, it is hereby confirmed that the changed d liability company or as otherwise provid
	Jel C. Wener	Jill Cili	mi, Authorized Person Printed or typed name of signee
	ure of a member or authorized representative of a member		

to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change

Signalure of Registered Agent

Grace E. Kirby, Asst. Vice President

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