Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001018813)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280 3338

Fax Number

: (954)20810845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

LLC REGISTERED AGENT CHANGE HRC 165TH STREET, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | l l |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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.

| (4) | Principal office address of limited liability company: | <u> </u> (t | ·) | Mailing address of | | | |
|---|---|---|---|--|---------------|---------------|---------|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 1 | | Mailing address of (Note: MAY BE | | | |
| | ISO NW 168TH STREET, SUITE 200 | | 150 NW I | 68TH STREET, | SUITE 200 | | |
| | NORTH MIAMI BEACH, FL 33169 | | NORTH N | ијамі веасн, | FL 33169 | | |
| | 10/26/2015 | , | L15000181 | 771 | | | |
| • | Date of filing/registration in Florida | 4. | | Document nun | nber _ ;; | 2019 MAR 27 | |
| . (a) | Registered Agent and Registered Office shown on the records | | n Dane of Cen | | - E | ¥ | |
| | RA SYSTEMS, LLC | the Florid | и перс от Ба | ic. | | 27 | = |
| | Registered Office Address (MUST BE FLORIDA STREE | TADDRES | <u>S)</u> | | 一番芸 | - | 5 |
| | 300 71ST STREET, SUFFE 620 | | | | - 三部 三の | <u> </u> | |
| | NORTH MIAMI BEACH | 33141 FL_33141 | | _ | | PM 12: 40 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | _ | • | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | <u>red Omçe no</u> | <u>ldress</u> : | | | | |
| | C T Corporation System | | | | | | |
| | NEW Registered Office Address: | | | _ | | | |
| | 1200 South Pine Island Road | <u> </u> | | - | | | |
| | Plantation | F1. 33324 | | | | | |
| | imited liability company is not organized under the | laws of the | State of F | - lorida, it is here se and the busin | ess office of | the regist | cro |
| he cha gent v vas/w | inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe- icles of organization or the operating agreement of | l liability c rs of the lir | ompany, it pited liabili | is hereby confir ty company or a | med that the | changeis |) in |
| he cha gent v vas/w he art | ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the membericles of organization or the operating agreement of the control of the | I liability c rs of the lir the limited | ompany, it nited liabili liability co | is hereby confir ty company or a mpany. | med that the | provided | iB |
| ne cha gent v vas/was/was/was/was/was/was/was/was/was/w | inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member | I liability c rs of the lir the limited | ompany, it nited liabili liability co | is hereby confir ty company or a impany. Note: Style Printed or typed | med that the | provided | in |

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