## 216000189567

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

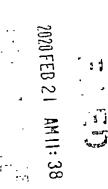




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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: February 19, 2020

Order#: 184993/003

Re: PLATINUM-HR II, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza 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

1.	Na	me of the limited liability company: PLATINUM-HR	II, LLC	;					
2	(a)	14497 N DALE MABRY, SUITE 215		(b)	14497 N	N DALE MABRY, SUIT	E 21	5	
۷.	(Δ).	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited li (Note: MAY BE POST (	ability	company	;
		TAMPA, FL 33618	<del></del>	-	TAMPA,	FL 33618			
		10/13/2016			L1600018	9567			
3.		Date of filing/registration in Florida	4.			Document number		-	
5.	(a)	NEWMAN, NOREK T				_			
	, ,	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of State	::			
		14497 N Dale Mabry				_			
		Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>SS}</u>					
		Suite 215				-			
		TAMPA, FI	_ 336	18					
	(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered  1201 Hays Street  NEW Registered Office Address:	d Office	nddı	ress:	-	-	2020 FEB 21 AF	3 1
						-		州川: 3-	ميرسيا ميرسيا
		Taliahassee , FI	323	01			i i	ω	
the age wa	cha ent v s/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the /s/Thomas Newman	ws of the reliability of the leading	he S gist cor imit d lia	ered office npany, it is ted liability ability con	e and the business offices hereby confirmed that you company or as other	ce of the	the regis change(	stered s)
	igna	ure of a member or authorized representative of a member		1011	ISS INCMITE	Printed or typed name of	signee		
III pro the to not	nerei ovisi obl mere tified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I im writing of this change.  \( \text{No. 2.} \) \( \text{No. 2.}	e perfor ed for it hereby	ma n Ci coi	nce of my c hapter 605 nfirm that	acity. I further agree.	to con ar wi ment mpan	nply wit th and a is being v has be	h the iccept filed een

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2. (u)	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		TAMPA, FL 33618	_	TAMPA, FL 33618			
		10/13/2016		L16000189567			
3.		Date of filing/registration in Florida	4.	Document number	r		
5.	(a)	NEWMAN, NOREK T					
(-,		Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
		14497 N Dale Mabry					
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<del></del> !			
		Suite 215			_		
		TAMPA , FL	33618		2020 FEB		
(b	(b)	Corporation Service Company			EB 21		
		Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress;	7.4		
					AH II: 37		
		1201 Hays Street		<del></del>	·		
		NEW Registered Office Address:			' <del>'</del>		
		Tallahaana	20004	- <del></del>			
		Tallahassee , FL	32301	<del></del>			
the ag wa	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the limi	tered office and the business of mpany, it is hereby confirmed ited liability company or as ot	office of the registered I that the change(s)		
		/s/ Thomas Newman	Thor	mas Newman, Member			
	Signa	ture of a member or authorized representative of a member		Printed or typed name	e of signee		
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change	ee to act performa d for in C hereby co	in this capacity. I further agg ince of my duties, and I am fa hapter 605, F.S. Or, if this do infirm that the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been		
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Kirby, Asst. Vice Pr	resident		