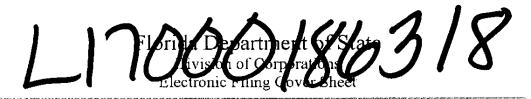
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(((H170002621973)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone Fax Number

: (888)705-7274 : (888)706-7274

\*\*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 HABITURE DEVELOPMENT LLC

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Certified Copy	0
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Estimated Charge	\$25.00

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TO: Registration Section Division of Corporations

SUBJECT: HABITURE DEVELOPMENT LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	· · ·
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	<u> </u>
notices@rasi.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call;
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

INHS18 (2/14)

2 \$25 Filing Fee

£:

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FL	H17000262197 3

## 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.

rwru	ua.							
1. N	Name of the limited l	liability company: _	HABITURE	DE	VELOPMEN <sup>-</sup>	T LLC	<del></del>	
2. (a)								
2. (44,		ce address of limited liab			Mailing address of limited liability company:			
	\	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)			
	2900 NE 7	TH AVENUE	3107		2900 NE 7T	H AVENUE	3107	
	MIAMI	FL	33137	—	MAMI	FL	33137	
	08/31/2017				L170001863	318		
3.	Date of f	iling/registration in I	Florida	4.	Docum	nent number		
5 (	. )							
5. (a	Registered Agent and	Registered Office shows	on the records of	the Flori	da Dept. of State:			
		D, TRAVIS C				يت الله	TILEU	
		idress (MUST BE FL)	ORIDA STREET A	ADDRE.	(2.2)	-	神られ	
	2900 NE 7TH	A\/_NU.I_				•		
	3107	AVENUE					न के नि	
	MIAMI, FL 331	137					第五 二	
							ن ۾ 🦫	
(b	)	Registered Agent and/or	NITSSID CONTRACTOR	Off			e e	
	Enter name of NEW	Registered Agent and/or	NEW Registered	Onice :	idaress:			
	Registered Aç	gent Solutions, In	c.					
	NEW Registered Of	Nee Address:	•					
	155 Office Pla	aza Dr., Suite A						
	Tallahaaaaa			2220				
	Tallallassee		, FL	JZJU				
the clagent was/v	hange or changes are will be identical. Owere authorized by a	mpany is not organize made, the Florida soor, in the case of a Flan affirmative vote of or the operating a	treet address of lorida limited lis f the members o	the reability of the I	gistered office and the company, it is hereb mited liability comp	he business office by confirmed that bany or as otherwi	of the registered the change(s)	
	Travis Hammo		_		ravis Hammond		1RMG	
Sign	nature of a member or at	ithorized representative of				d or typed name of sig		
I her prove the o to me notife	why accept the apposisions of all statutes bligations of my pos grely reflect a chang led in syring of this	pintment as registere relative to the prope sition as registered a se in the registered o change.	d agent and agr er and complete gent as provide ffice address, I	ree to c perfor d for it hereby	ct in this capacity, mance of my duties, 1 Chapter 605, F.S. confirm that the lim	I further agree to and I am Jamiliai Or, if this docum aited liability com	comply with the rwith and accept ent is being filed pany has been	
Simo	ture of Registered Agen	Justine Karnell  Assistant Secre	story					
	or Mosimolea rigen	Assistant occit	ziai y					

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