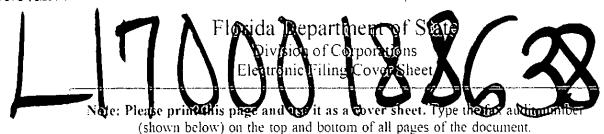
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Division of Corporations



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LLC REGISTERED AGENT CHANGE HH ESTERO INVESTMENTS, LLC

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M. SOLOMON

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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	me of the limited liability company: HH ESTERO INV	ESTM	IENTS, LLC	
(a)	9999 E Exploration Court		(b)E	Exploration Court
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sturtevant, WI 53177		Sturteva	ant, WI 53177
	09/05/2017		L170001	188638
	Date of filing/registration in Florida	4.		Document number
(a)	WWMRG STATUTORY AGENT, LLC			
	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of S	 State:
	9045 STRADA STELL COURT			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>\$\$</u>)	
	4TH FLOOR			
	NAPLES , FL	34109		2024 OCT 21 SELECTION AND AND AND AND AND AND AND AND AND AN
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	iddress:	3: 06 E.F.
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, FL_	33324		<u> </u>
e cha ent was/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the republication the left the left left left left left left left lef	gistered off company, i imited liabi I liability c arick Christe	fice and the business office of the registere it is hereby confirmed that the change(s) ility company or as otherwise provided in company. ensen:
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
herel ovist e obli mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided reflect a change in the registered office address, I have the composition of this change. CT Corporation System	ee to a perfor l for ii sereby	ict in this co mance of m i Chapter to confirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed hat the limited liability company has been

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

Signature of Registered Agent SEAN LITMERICK ASSISTANT SECRETARY