## L17000236190

| (Re                                     | questor's Name)    |           |  |  |
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|   |                    |           |  |  |
| (Ad                                     | dress)             |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)      |  |  |
|   |                    |           |  |  |
| PICK-UP                                 | MAIT               | MAIL      |  |  |
|   |                    |           |  |  |
| (Bu                                     | isiness Entity Nan | ne)       |  |  |
|   |                    |           |  |  |
| (Do                                     | ocument Number)    |           |  |  |
| Certified Copies                        | Certificates       | of Status |  |  |
| ,                                       | _                  |           |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
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SECRETARY OF STATE
ALL AHASSEE FLOSINA

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## COVER LETTER

| Divi                                   | sion of Corporations   |                                    |  |  |  |  |
|--|--|------------------------------------|--|--|--|--|
| SUBJECT:                               | H2 INVESTMENT HOLDINGS, LLC  |                                    |  |  |  |  |
| SOBOLE I.                              | Name of Limited Liability Company  |                                    |  |  |  |  |
| Dear Sir or M                          | viadam:  |                                    |  |  |  |  |
| The enclosed                           | d Registered Agent/Registered Off  | ice Change and fee                 | e(s) are submitted for filing.   |  |  |  |
| Please return                          | all correspondence concerning th   | is matter to the fol               | lowing:  |  |  |  |
| GUADALL                                | JPE AZAMAR-WEBB  |                                    |  |  |  |  |
|  | Name of Person   |                                    |  |  |  |  |
| HARRISO                                | N & HELD, LLP  |                                    |  |  |  |  |
|  | Firm/Company   |                                    |  |  |  |  |
| 333 W. W                               | ACKER DR., STE. 1700   |                                    |  |  |  |  |
| -                                      | Address  |                                    |  |  |  |  |
| CHICAGO                                | ), IL 60606  |                                    |  |  |  |  |
|  | City/State and Zip Code  |                                    |  |  |  |  |
| gawebb@                                | harrisonheld.com   |                                    |  |  |  |  |
| E-mail                                 | address: (to be used for future and  | nual report notifica               | tion)  |  |  |  |
| For further is                         | nformation concerning this matter  | , please call:                     |  |  |  |  |
| GUADALL                                | JPE AZAMAR-WEBB  | 312<br>at (                        | 803-7106   |  |  |  |
|  | Name of Person   | _ \                                | Area Code & Daytime Telephone Number   |  |  |  |
| Regi<br>Divi<br>Clift<br>266)<br>Talli | REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | Regis<br>Divis<br>P.O. I<br>Tallal | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>3ox 6327<br>nassee, Florida 32314 |  |  |  |
|  | losed is a check for the following 25 Filing Fee   |                                    | Filing Fee & Certified Copy  |  |  |  |

TO: Registration Section

## 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: H2 INVESTME   | NT H                            | 10<br>            | LDINGS,                                     | LLC  |                   |  |
|--------------------|---------------------|--|---------------------------------|-------------------|---|--|-------------------|--|
| 2.                 |                     | 1877 6TH STREET SOUTH  | (b) 1877 6TH STREET SOUTH       |                   |   |  |                   |  |
|                    | (4)                 | Principal office address of limited liability company:   | - (                             | <b>.</b> ,        | М   | failing address of limited liability compan  | -                 |  |
|                    |                     | (Note: MUST BE STREET ADDRESS)   |                                 |                   | NIADLES                                     | (Note: MAY BE POST OFFICE BOX)   |                   |  |
|                    |                     | NAPLES, FL 34102   | -                               | -                 | NAPLES,                                     | , FL 34102   |                   |  |
|                    |                     | 11/15/2017   | -                               | L                 | 1700023                                     | 6190   |                   |  |
| 3.                 |                     | Date of filing/registration in Florida   | 4.                              |                   | 1   | Document number  |                   |  |
| 5.                 | (a)                 | ZACHARY A. HAMEL   |                                 |                   |   |  |                   |  |
|                    | (/                  | Registered Agent and Registered Office shown on the records of the 1877 6TH STREET SOUTH   | e Florid                        | la E              | Dept. of State:                             | :  |                   |  |
|                    |                     | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |                                 |                   |   |  |                   |  |
|                    |                     |  |                                 |                   |   | 201<br>SE<br>TAL   |                   |  |
|                    |                     | NAPLES <sub>FI</sub> 3   | 4102                            |                   |   | IS NO  | <del></del>       |  |
|                    | (b)                 | ROBERT T. NAPIER   |                                 |                   |   | FIL<br>2019 NOV 18<br>SECRETARY O<br>ALLAHASSEE  |                   |  |
|                    |                     | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>   | office ad                       | ldr               | ess:  | To A I   |                   |  |
|                    |                     | 801 LAUREL OAK DRIVE   |                                 |                   |   | AM 9: 59 OF STATE E. FLORIDA   |                   |  |
|                    |                     | NEW Registered Office Address:   |                                 |                   |   |  |                   |  |
|                    |                     | SUITE 403  |                                 |                   |   |  |                   |  |
|                    |                     | NAPLES FL <sup>3</sup>   | 4108                            | 3                 |   |  |                   |  |
| the<br>age<br>was  | cha<br>nt v<br>s/we | imited liability company is not organized under the laws<br>nge or changes are made, the Florida street address of the<br>vill be identical. Or, in the case of a Florida limited liab<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the li | he regi<br>oility co<br>the lin | iste<br>on<br>nit | ered office<br>npany, it is<br>ed liability | and the business office of the regardereby confirmed that the change company or as otherwise provide | istered<br>(s)    |  |
|                    |                     |  | RC                              | B                 | ERT T. N                                    | NAPIER, AUTHORIZED REP   | ).<br>            |  |
| Zs                 | I I                 | ure of a member or authorized representative of a member   |                                 |                   |   | Printed or typed name of signee  |                   |  |
| pro<br>the<br>to t | visi<br>obl<br>ngre | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.   | erform<br>for in                | nar<br>CI         | ice of my d<br>lapter 605.                  | futies, and I am Jamiliar with and<br>F.S. Or, if this document is being                             | accept<br>2 filed |  |
| Sig                | natu                | re of Registered Agent   |                                 |                   |   |  |                   |  |