## 118000049688

(Requestor's Name)  (Address)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer:				
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Office Use Only



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Y SULKER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: November 6, 2018

Order#: 474029/005

Re: HB OFFICE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Rachel O'hayer 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.

## 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.

i. N	ame of the limited liability company: HB OFFICE	E. LLC	
2. (a)	2900 HARTLEY ROAD  Principal office address of limited liability company  (Note: MUST BE STREET ADDRESS)	(b) _	2900 HARTLEY ROAD  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE FL 32257		JACKSONVILLE, FL 32257
	02/26/2018		L18000049688
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PYLE, CLINT		
` '	Registered Agent and Registered Office shown on the record	ds of the Florida D	Dept. of State:
	7753 COLLINS GROVE RD		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>
			and the second
	JACKSONVILLE	.FL 32256	<b>N</b>
		,	
(b)	Corporation Service Company		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		क्षा है है है
	1201 Hays Street		
	NEW Registered Office Address:		
			<del></del>
	Tallahassee	. FL <u>32301</u>	
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registe ed liability com ers of the limite	ered office and the business office of the register ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/s/ CL	INT E. PYLE	CLINT	T E. PYLE, MANAGER
Signa	ature of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office addres. d in writing of this change.	l agree to act in lete performan vided for in Cha s, I hereby conj	n this capacity. I further agree to comply with the accept of my duties, and I am familiar with and accept of the following file of the that the limited lines of the company has been a superior of the limited lines.

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

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

NOV 27 2018

GRACE E. KIRBY