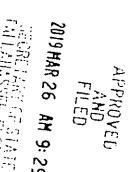
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 3/26/2019	-			≠•WA	L <i>IK I</i> N**
ENTITY NAMEHAWL	ET, LLC				
DOCUMENT NUMBER					
	**PLEASE FILE THE ATT	TACHED AND RETURN**			
XXXX	Plain Copy Certified Copy Certificate of Status	UNA FAR THE ARRIVE ENTERTIES	SECRETARY OF STA	2019 MAR 26 AM 9:	APPROVED AND FILED
	Certified Copy of Arts & Am Certificate of Good Standing	IING FOR THE ABOVE ENTITY*:		29	
	**APOSTILLE' / NOTAI	RIAL CERTIFICATION**			
COUNTRY OF DESTINA NUMBER OF CERTIFICA				-	
TOTAL OWED <sup>25</sup>		снеск #_5933			
Please call Tina at t	the above number for any is	ssues or concerns. Thank y	10a 80 m	uch!	,

## 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. N	ame of the limited liability company: HAWLET, U	LC				
2. (a)	21500 BISCAYNE BOULEVARD #401	(b)	21500 8	BISCAYNE BOU	LEVARD #401	_
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS		_
	AVENTURA, FL 33180		AVENT	URA, FL 33180		
	08/13/2018		L180001	193232	-	_
3.	Date of filing/registration in Florida	4.		Document number		_
5. (a	SNYDER INTERNATIONAL LAW GROUP	P.A.				
(-	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	ie:		
	Registered Office Address (MUST BE FLORIDA STREET	i	!			
·	21500 BISCAYNE BOULEVARD, SUITE 4	ļ <u>0</u> 1		_	~3	
	AVENTURA, , , , ,	L 33180		_	至	
(b)	United Corporate Services, Inc.			_	2019 MAR 26 Secretives	<u>™</u> >>
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	_	The second second	E-3
						0
	NEW Registered Office Address:			-	9: 2	
	9200 South Dadeland Blvd Suite 508			_	7=1 6	
	MIAMI , F	J 33156		_		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability con of the limited li	tered office inpany, it i ted liabilit ability con	e and the business of shereby confirmed by company or as oth npany.  riguez Otano	ffice of the registered that the change(s) nerwise provided in	d _
	iture of a member or authorized representative of a member			Printed or typed name	-	
the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I dim writing of this change.	ree to act e performa ed for in C nereby co	in this cap nce of my hapter 605 nfirm that	acity. I further agreduties, and I am fan S. F.S. Or, if this do the limited liability	te to comply with the illiar with and accep cument is being filed company has been	e Ot 
	District of Course Co.	n .co.=	~ 11 1	-		

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

INH\$18 (2/14)