## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE HOLDING LIGHT, LLC

Certificate of Status	0	
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Page Count	02	
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JUN 2 9 2022

## 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

пиона			
1. N	ame of the limited liability company: HOIQIN	g Light, LLC	
2. (a)	Principal office address of limited liability company	y: (b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	<u>7901</u>	4th St N STE 300
	St. Petersburg FL	St. Pe	tersburg FL 33702
	01/07/19	L190	00007714
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BIRK, MALIA		
J. (u)	Registered Agent and Registered Office shown on the reco	rds of the Florida Dept. of S	tate:
	5300 West Atlantic Ave.		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	<del></del>
	Suite 408		
	Delray Beach	_, FL <u>33484</u>	2022 JUN 29
(h)			
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:	
	7901 4th St N		9: 20
	NEW Registered Office Address:		<u> </u>
	STE 300		
	St. Petersburg	_, <sub>FL</sub> 33702	
the ch agent was/w the art	limited liability company is not organized under to ange or changes are made, the Florida street address? Will be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membicles of organization or the operating agreement of the	ess of the registered off ited liability company, hers of the limited liab of the limited liability of	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	ature of a member or authorized representative of a member		Riley Park
			Printed or typed name of signee
provis the ob- to mei	eby accept the appointment as registered agent ar sions of all statutes relative to the proper and com digations of my position as registered agent as pr rely reflect a change in the registered office addra ed in writing of this change.	nd agree to act in this c aplete performance of n ovided for in Chapter ( ess, I hereby confirm th	apacity. I further agree to comply with the my duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed out the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent