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(Req	uestor's Name)	
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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: <u>HRC 1</u>	Seperies LLC nited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	Name of Person	<u>hen</u>			
	WRG ADERLUS Firm/Company	<u>LLC</u>			
	911 gates Stree	4	19		
	Oslando, For 32	804	IUN I2		
	City/State and Zip Code		Hd.		
<u> </u>	i-mail address: (to be used for future annual repo	rt notification)	6: 36		
For fu	rther information concerning this matter, please c	all:			
	2 Lall Coper at (407, 461-1806			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount	1:			
	☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy				

SECRETARY OF STATE



June 5, 2019

H RUSSELL COHEN HRC PROPERTIES LLC 911 YATES STREET ORLANDO, FL 32804

SUBJECT: HRC PROPERTIES LLC

Ref. Number: L19000114143

We have received your document for HRC PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 119A00011274

2019 JUN 12 PH 11: 3

www.sunbiz.org

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	ame of the limited liability company:	H	perties	LLC_	
2. (a)	911 Yates Strut	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company SE POST OFFICE BOX	v:
	01/60do F 32804		120000		
	01191100 12 32 83 1		·		
	/ /			· · · · · · · · · · · · · · · · · · ·	
	4/26/19	_		1601141	43
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)	Registered Agent and Registered Office shown on the records of the	1/01	Mets 1	7c.	
	13302 Gunding sat	<u> </u>			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	<u></u>		
	\mathcal{A}				
	Jampa .FL	33	612		
	in Dr. ; Borbach Dr. L.	2.61	1/ //		/
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr		Je/1 W/	1 CM :
				19	555 255 255
				JU	
	NEW Registered Office Address:	•		72	
	111 397-ES STREET	. .		70	
	oskado FL	32	804	_ ნ: 3	
If the li	imited liability company is not organized under the laws	of the S	State of Florida, it is here	\$	
the cha	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	ie regist	ered office and the busin	ness office of the regi-	stered
was/we	ere authorized by an affirmative vote of the members of licles of organization or the operating agreement of the li	the limit	ed liability company or	as otherwise provided	din
'dic arti	William Chini	iiiico na	Willy Company	1. Cohen	/
Signat	ture of a member or authorized representative of a member		Printed or types	I name of signee	
1 herel provisi	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po	e to act i erformai	n this capacity. I furthence of my duties, and L	r agree to comply wit m familiar with and o	h the iccept
the obl. to merc	ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided to by reflect a change in the registered office address. I he	för in Cl rehy cor	aptër 605, F.S. Or, if t gjirm that the limited lia	his document is being bility company has be	filed en
notified /	t'in scriting of this change.				
Signater	re of Registered Agent				