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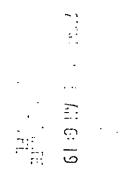
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COVER LETTER

TO: Registration Section Division of Corporations Heartwood Generations, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kylie Conrad & Kayla King Name of Person Corp1, Inc. Firm/Company 7700 E Arapahoe Rd Ste 220 Address Centennial, CO 80112 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 823-9273 Kylie Conrad Area Code & Daytime Telephone Number Name of Person **Street Address:** Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

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: Heartwood Gene	rations,	LLC					
2. (a)	12176 RIVERBEND LANE		(b)					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	_	ddress of limit MAY BE POS		ility company: FICE BOX)	
	PORT ST. LUCIE, FL 31984	_	PORT	ST. LUCIE,	FL 31984			
	07/11/2019		L19000	179540				
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Docum	ent number			
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>:SS)</u>					
	TALLAHASSEE, FI	32301	-2525					
(b)	Registered Agents Inc					? 079		
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:			٠		
	7901 4th St N				• •			
	NEW Registered Office Address: Ste 300					H 6: 19	· '	
	St. Petersburg, F	L33702	<u>2</u>					
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist lability of the l	ered office company, imited lial	e and the bu it is hereby bility compa	siness offic confirmed	e of th that th	ne registered ne change(s)	
	SCOTT HOFFMAN	S	COTT HO			- · <u>-</u> · ·		
I here provis the ob to mer	nure of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I d in writing of this change.	ree to a perfor ad for it hereby	act in this mance of a Chapter confirm t	canacity I	or typed name further agri and I am fan Dr. if this do ted liability	ee to c	comply with the	
	wid Roberts ure of Registered Agent							
aignati	are or regimered regent							