## 119000251970

(Requestor's Name)						
(Address)	_					
(Address)	_					
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
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(Document Number)						
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DEC 0 7 2021

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	1200000001	.95				
		REFERI	ENCE :	282589	7539619				
		AUTHORIZA	rion :	Souls of a	man				
		COST L	IMIT :	\$ 25,000	man				
ORDER	DATE :	December 6,	2021						
ORDER	TIME :	1:29 PM							
ORDER	NO. :	282589-005							
CUSTOM	ER NO:	7539619							
CHANGE OF AGENT									
NAME: HFA SERVICES LLC									
PLEASE	RETURN	THE FOLLOWIN	IG AS PR	OOF OF FILI	NG:				
XX		FIED COPY STAMPED COPY	•						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## 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.

١.	Na	ame of the limited liability company: HFA SERVICES	LLC			
2.	(a)		(	ъ)		
	` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- ·	. ,	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7700 Congress Avenue, Suite 3214			7700 Con	gress Avenue, Suite 3214
		Boca Raton, FL 33487	_		Boca Rate	on, FL 33487
		10/07/2019		L	19000251	970
3.		Date of filing/registration in Florida	4.	_	· · · · · · · · · · · · · · · · · · ·	Document number
5.	(a)	INCORP SERVICES, INC.				
	()	Registered Agent and Registered Office shown on the records of th			Dept. of State	- *:
		Registered Office Address  17888 67TH COURT				
		LOXAHATCHEE , FL	33470	·		ا منظم المنظم
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address  Corporation Service Company			' <u>ess</u> :	100 -6 M 8:5
		NEW Registered Office Address:				ra "
		1201 Hays Street				
		Tallahassee, FL_3	32301			
cha age wa:	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egister ility co the lim mited l	ed om nite lial	office and pany, it is additional transfer it.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
S	ignat	ure of a member or authorized representative of a member	-			Printed or typed name of signce
I h pro the to r	erel visi obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I he in writing of this change.	to act erform for in C reby co	t in an Chi onj	this capa ce of my d apter 605, hrm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sig		e of Registered Agent				