L20000055385

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DEC 21 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 336627

8056101

AUTHORIZATION C

COST LIMIT

ORDER DATE: December 17, 2021

ORDER TIME : 5:41 PM

ORDER NO. : 336627-009

CUSTOMER NO: 8056101

CHANGE OF AGENT

NAME: HFB GREENFIELD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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. 1	Name of the limited liability company: HFB GREEN	NFIELD, LLC			
)) <u></u> .		
- . (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO)		
	605 COMMONWEALTH AVENUE		605 COMMONWEALTH AVE	ENUE	
	ORLANDO, FL 32803		ORLANDO, FL 32803		
	02/18/2020	l	_20000055385		
3.	Date of filing/registration in Florida	4.	Document number	· - ·	
5. (3)				
•	Registered Agent and Registered Office shown on the records OROSZ, ANDREW	s of the Florida	Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	ORLANDO	32803 FL		20	
(b) Enter name of NEW Registered Agent and/or NEW Registered			<u>ress</u> :	2021 1500 20	
	Corporation Service Company			P1112: 1	
	NEW Registered Office Address:			<u>5</u>	
	1201 Hays Street			16	
	Tallahassee	. FL_32301			
changeni was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of	the registered d liability con rs of the limi	l office and the business office apany, it is hereby confirmed to ted liability company or as oth	e of the registered that the change(s)	
			Franco Tenerelli, Authorized Person		
_	nature of a member or authorized representative of a member		Printed or typed name	2	
provi the o to me	weby accept the appointment as registered agent and a sions of all statutes relative to the proper and complo bligations of my position as registered agent as provi wely reflect a change in the registered office address, ed in writing of this change.	agree to act i ete performai ided for in Cl , I hereby con	n this capacity. I further agre ice of my duties, and I am fam iapter 605, F.S. Or, if this do ifirm that the limited liability (te to comply with the piliar with and accept cument is being filed company has been	
	ture of Registered Agent	Grace E.	Kirby, Asst. Vice President		