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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

\*\*Enter the email address for this business entity to be used for future ્રિદ્annual report mailings. Enter only one email address please \*\*\*

## LLC REGISTERED AGENT CHANGE HERMANOS ECO PROPERTY REVIVAL & MANAGEMENT LLC

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T. LEMIEUX

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## 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

11		(h)				
Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
05/20/2020	<u> </u>		00137388			
Date of filing/registration in Flo	orida 4.		Document numb	er		
UNITED STATES CORPOR	ATION AGEN	TS, INC.				
Registered Agent and Registered Office shown of	n the records of the Flor	ida Dept. of Sta	le			
Registered Office Address (MUST BE FLOS	UDA STREET ADDRE	SSį	_			
476 RIVERSIDE AVE.						
JACKSONVILLE	. FL 322	02	<del>-</del>			
, Registered Agents Inc			_			
Enter name of NEW Registered Agent and/or N	EW Registered Office	<u>address</u> :	_	• -	20:	
7901 4th St N				٠.	2023 K.v	
NEW Registered Office Address.					1	
STE 300			_			(_
St. Petersburg	FL_337(	)2		 - - -	3: 28	
limited liability company is not organized nange or changes are made, the Florida strowill be identical. Or, in the case of a Flor vere authorized by an affirmative vote of the companization or the operating agree	eet address of the re fida limited liability he members of the l	gistered offic company, it imited liabili	te and the business is hereby confirme ty company or as o	office of that the	the re	gist ge(s
		obin Jone	• •			
ature of a member or Authorized representative of a	member		Printed or typed name of signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent