## L2000163783

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Account#: I20000000088 July 31, 2020 Date:\_\_\_ **David Shulman** Name: 1249966 Reference #:\_\_\_\_\_ **HAWCK LLC** Entity Name:\_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ] Merger Dissolution/Withdrawal **Fictitious Name** Other

Signature:

Authorized Amount:

## 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. N	Same of the limited liability company:		HAWCK LLC
2. (a)	300 EAST OAKLAND PARK BLVD	(b)_	300 EAST OAKLAND PARK BLVD
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	199	_	199
	WILTON MANORS, FL 33334		WILTON MANORS, FL 33334
	06/15/2020		L20000163783
3.	Date of filing/registration in Florida	4,	Document number
5. (a	SHAW, CINDY K		
(b)	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:
	300 EAST OAKLAND PARK BL	VD	:-:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	199		ే 
	WILTON MANORS , FL.	3333	· <u> </u>
	COCENCY CLOPALING	,	9:
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>ss</u> ;
	115 North Calhoun Street, Suite 4	1	
	NEW Registered Office Address:	<u> </u>	
	Tallahassee .FL	3230	01
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the /s/Cindy K Shaw	the register bility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provide a rely reflect a change in the registered office address. I hed in writing of this change.	ee to act in performanc I for in Cha iereby conf	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

/s/Eric B. Hood, Assistant Secretary