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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email	Address:				
	_	 	 	 	_

LLC REGISTERED AGENT CHANGE HKD 7 LLC

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JUN 17 2022

M. SOLOMON

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COVER LETTER

	•			
TO:	Registration Section Division of Corporations			
SUBJI				_
	Name	of Limited Liab	bility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	e Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the fo	ollowing:	
Jos	shua Murphy			
	Name of Person		-	
Regi	stered Agent Solutions, Inc.			
	Firm/Company	-	•	
Corp	orate Center One, 5301 Southwest	Pkwy, Ste 40	00	:
	Address		_	
Austi	n, TX 78735			-
	City/State and Zip Code		_	
<u>[</u>	E-mail address: (to be used for future annu-	al report notific	ration)	
For fu	rther information concerning this matter, p	lease call:		
Jos	shua Murphy	888 at (705-7274	_
	Name of Person		Area Code & Daytime Telephone Numb	er
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi: P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
	Enclosed is a check for the following a	ımount:		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

. 15129570210

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

Tame of the limited liability company: HK	D 7 LLC
955 Egret Circle Unit 40	8 _(b) 955 Egret Circle Unit 408
Principal office address of limited liability c	ompany: Mailing address of limited liability company:
(<u>Note: MUST BE STREET ADDRE</u>	
Delray Beach, FL 3344	Delray Beach, FL 33444
9/9/2020	L20000272489
Date of filing/registration in Flori	ia 4. Document number
BLUMBERGEXCELSIOR CORPOR	RATE SERVICES, INC
Registered Agent and Registered Office shown on the 155 OFFICE PLAZA DI	
TALLAHASSEE	
Registered Agent Solutions	s, Inc.
Enter name of NEW Registered Agent and/or NEV	· · · · · · · · · · · · · · · · · · ·
155 Office Plaza Dr.	<u>ှိ လူ</u>
NEW Registered Office Address:	
Suite A	

/3/	Atul N Shanne	1	_	
_	Simplify of a member of	r authorized	representative	nfamembe

Atul K Sharma

Member

Mackenzie Hart, Asst. Secretary

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 notified in writing of this change.

Signature of Registered Agent