10/25/22, 2:46 PM

Division of Corporations

## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*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 HAUTE DESTINATIONS LLC

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K. Brumbley

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: HAUTE DESTIN	VATIONS LLC	·	<u></u>
2. (a)		(b)		
` ,	Principal office address of limited liability company (Note: MUNT BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	3050 Indiana Street	30	50 Indiana Street	
	Miami, FL, 33133	Mi	iami, FL, 33133	
	01-07-2021	L21	000015653	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
). (a)	Registered Agent and Registered Office shown on the records of REDDY, HILARY	the Florida Dep	of State	
	Registered Office Address (MUST BE FLORIDA STREET) 3050 INDIANA ST	ADDRESS)	<del></del>	2
	MIAMI, FI	33133 L		APPR /A FIL <b>2022 OCT 25</b>
(þ)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres		PPROVE AND FILED
	LEGALING CORPORATE SERVICES INC			ယ္ ၁
	NEW Registered Office Address			<del></del>
	476 Riverside Ave.		· <del></del>	
	Jacksonville, Fl	J32202		
chang agent i was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the ease of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of lability compa of the limited	ffice and the business office of t any, it is hereby confirmed that I liability company or as otherw	the registered the change(s)
	Hilary W. Reddy, attraction of a member	Hilary N		
			Printed or typed name of sig	ماليا ا
I here provis the ob- to mer notifie	eby accept the appointment as registered agent and agenous of all statutes relative to the proper and complete ligations of my position as registered agent as provide elsevillect a charge in the registered office address, I a in I string of this charge	ree to act in t performance id for in Chap hereby confi	e of my duties, until am familia pter 605, F.S. Or, if this docum rm that the limited hability com	ent is being filed pany has been
Signati	ure of Registered Agent		(((H22000365777	٥)))