(Requestor's Name)
(Address)
(Address)
<b>,</b> ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.21000225400

Office Use Only



200441815332 TILED 33 AND 33 AND 35 STATE OF STA

CENVED.

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 01/16/25 Order #: 1775421-1

Re: AMBHWB INVESTOR LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

indicana.

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

### Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# COVER LETTER

	Registration Section Division of Corporations							
SUBJEC	AMBHWB Investor LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	osed Registered Agent/Registered	Office Change and fo	ec(s) are submitted for filing.					
Please re	turn all correspondence concerning	g this matter to the fo	llowing:					
Brian T I	Murphy or Kevin Jones							
	Name of Person		_					
Boich In	vestment Group							
	Firm/Company		_					
577 Wes	st Nationwide Blvd., Suite 302							
	Address		_					
Columbu	us, Ohio 43215							
	City/State and Zip Coc	le	-					
Kevin@l	Boich.com							
E-r	mail address: (to be used for future	annual report notific	ation)					
For furth	er information concerning this mat	ter, please call:						
Brian T I	Murphy	614 at (	221-0101					
	Name of Person	at (	Area Code & Daytime Telephone Number					
] ] }	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
1	Enclosed is a check for the follow	ing amount:						
Į	☐ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy					

INHS18 (2/14)

# 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.

l. Na	ame of the limited liability company:	AMBHWB Investor LLC					
2. (a)	577 West Nationwide Blvd., Suite 302  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	577 West Nationwide Blvd., Suite 302			
·· ( <del>••</del> )			_ (0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Columbus, Ohio 43215		<del></del>	Columbus	s, Ohio 43215		
			_			<del>-</del>	
•	Date of filing/registration in	ı Florida	4.		Document number		
(a)	Corporate Creations Network Inc						
	Registered Agent and Registered Office show	wn on the records of th	ne Florida	Dept. of Stat	e: _		
	Registered Office Address (MUST BE F 801 US Highway I	- ;…	2				
	North Palm Beach	, FL_	33408		- 25	025 J.	**************************************
(b)					TALLAHASSEE	2025 JAH 16	* Personal * Personal * No. Service
	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered (	Office add	ress:	SS.		
	Corporation Service Company				AHIO: 33 SSEE, FL		
	NEW Registered Office Address:				J.E	3.i	
	1201 Hays Street		<del></del>	<del></del>	-		
	Tallahassee	, FL_	32301		_		
hange gent v vas/we	imited liability company is not organi or changes are made, the Florida strevill be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating a	eet address of the r Florida limited liab of the members of	egistered oility cor the limi imited li	l office an npany, it is ted liabilit	d the business offices s hereby confirmed of y company or as oth ipany.	e of the r that the o	egistered change(s)
Signat	ture of a mornoer or authorized representative	of a member			Printed or typed name	of signee	
provisi he obl o merc	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered of ly reflect a change in the registered of I in writing of this change	ed agent and agre- ver and complete p agent as provided office address, I hè	e to act i erforma for in Co ereby cor	n this cape nce of my e hapter 605 nfirm that	acity. I further agre luties, and I am fam , F.S. Or, if this do the limited liability o	e to com uliar wit cument i company	iply with the h and accep s being filed has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 COA-17272

Shauna Godbolt