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(Requestor's Name)					
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(2)					
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2023 OCT -9 AM 10: 45

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OCT 10 TO A PAMSEY

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000

REFERENCE : 056658 8252034

AUTHORIZATION :

COST LIMIT : \$725.00

ORDER DATE: October 9, 2023

ORDER TIME : 1:48 PM

ORDER NO. : 056658-005

CUSTOMER NO: 8252034

CHANGE OF AGENT

NAME: HAFO LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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	lame of the limited liability company:HAFO LLC			
2. (a)		1	b)	
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1200 Ponce de Leon Blvd., Suite 703		1200 Ponce	e de Leon Blvd., Suite 703
	Coral Gables, FL 33134		Coral Gable	es, FL 33134
	06/22/2021		L210002901	09
3.	Date of filing/registration in Florida	4.	D	Occument number
5. (a	\			
5. (a	Registered Agent and Registered Office shown on the records of the	of the Florid	a Dept. of State:	
	Corporation Service Company			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>s)</u>	
	1201 Hays Street			202
	Tallahassee I		•	
				15 S
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ac	<u>idress</u> :	70, 6
	Marcell Felipe, P.A.			103 OCT -9 #10: 45
	NEW Registered Office Address:			
	1200 Ponce de Leon Blvd., Suite 703			
	Occal Oction	00404		
	Coral Gables 1	:⊺. <u>33134</u>		
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne register liability co s of the lin	ed office and tompany, it is haired liability of	the business office of the registered tereby confirmed that the change(s) company or as otherwise provided in
	ssica Megdal	Jes —	<u></u>	Authorized Person
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to act le perform led for in (I hereby co	in this capaci ance of my du Chapter 605, I onfirm that the	ty. I further agree to comply with the ties, and I am familiar with and accept S. Or, if this document is being filed; limited liability company has been
~	ure of Registered Agent e E. Kirby, Asst. Vice President on behalf of Corpora	tion Servi	ce Company	

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

INHS18 (2/14)