L21000347290

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D	ate:	03/26/2025	- w: () W
		Acc#I20160000072	4: () = (
Name:	Halter Holdin	ngs LLC	
Document #:			
Order #:	16228532		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

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.

Name of the limited liability company: HALTER	R HOLDINGS LLC
(a) 999 VANDERBILT BEACH ROAD	(b) 999 VANDERBILT BEACH ROAD
Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited liability company:
SUFTE 200	SUITE 200
NAPLES, FL 34108	NAPLES, FL 34108
07/30/2021	L21000347290
Date of filing/registration in Florida	4. Document number
(a) HF REGISTERED AGENTS, LLC	
(a) Registered Agent and Registered Office shown on the r	records of the Florida Dept. of State:
1715 MONROE ST	
Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)
SUITE 200	25 H
FORT MYERS	2025 HAR 25 FL 33901 25 FL
C T Corporation System	m .
(b) Enter name of NEW Registered Agent and/or NEW R	Paris and Office address:
Enter name of NEW Registered Agent and/or Mark	; "
	. '' ص
NEW Registered Office Address:	
1200 South Pine Island Road	
Plantation	, FL. ³³³²⁴
ne limited liability company is not organized under	ler the laws of the State of Florida, it is hereby confirmed that after ddress of the registered office and the business office of the registered
mt will be identical. Or, in the case of a Florida li	limited liability company, it is hereby confirmed that the change(s)
s/were authorized by an affirmative vote of the mo afficers of organization or the operating agreemen	nembers of the limited liability company or as otherwise provided in ent of the limited liability company.
Iles Sulpizi	Alex Sulpizi
ignature of a member or authorized representative of a memb	ber Printed or typed name of signee
ovisions of all statutes relative to the proper and c obligations of my position as registered agent as merely reflect a change in the registered office ad villed in writing of this change.	n and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and acceps provided for in Chapter 605, F.S. Or, if this document is being filed ddress, I hereby confirm that the limited liability company has been
C T Corporation System Stephane	Money Stephanie Hencz, Assistant Secretary
gnature of Registered Agent	4.*p

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