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(((H23000244947 3)))



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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 HAWTHORNE CAPITAL, LLC

Certificate of Status	0
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JUL 1 4 2023 < Brumbi≠y

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	HAWTHORNE CAPITAL, LLC		
- <del> </del>		Liability Company	
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing.
Please return	n all correspondence concerning th	is matter to the	e following:
Mary Castillo	o		
	Name of Person		
Registered A	gent Solutions, Inc.		
	Firm/Company		
Corporate Ce	enter One, 5301 Southwest Pkwy. Ste	400	
	Address		
Austin, TX 7	8735		
	City/State and Zip Code		
E-mail	address: (to be used for future ann	nual report noti	ification)
For further is	nformation concerning this matter.	, please call:	
Mary Castillo	0	888 at (	705-7274
	Name of Person	\ <u>\</u>	Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following	amount:	
<b>□</b> \$:	25 Filing Fee	<b>.</b>	\$55 Filing Fee & Certified Copy
INHS18 (2/14	<b>\$</b> )		

## H23000244947 3

## 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.

2. (a)	5645 CORAL RIDGE DR	(b	5645 COR	RAL RIDGE DR		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	-	
	454		454			
	CORAL SPRINGS, FL 33076		CORAL SI	PRINGS, FL 33076		
	8/5/2021		L210003524	468		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	SIMONSON, TODD					
/· ( <del>-</del> /	Registered Agent and Registered Office shown on the records of 10826 NW 62ND DR	the Florida	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	-		
	PARKLAND , FI	33076	33076			
(b)	Registered Agent Solutions, Inc.			<b>2023</b>		
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:		A	
	2894 Remington Green Ln.			2023 JUL 13 SECRETARY TALL MIASSE	PROVED	
	NEW Registered Office Address:				ם _ לינ ה	
	Ste. A			2: 4 STAT 1.08#	-	
	Tallahassee , FI	32308		मूल 👼		
change agent v was/we	mited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	registere ability con of the lim	d office and npany, it is ited liability	d the business office of the register is hereby confirmed that the change y company or as otherwise provide	red e(s)	
/s/	Mark Paniccia		Paniccia	Manager		
	ure of a member or authorized representative of a member			Printed or typed name of signee		

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.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent