Florida Department of State Division of Corporations Division of Cover Sheet 5555 Division of Cover Sheet 5555

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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 HUNTERS BAY APARTMENTS LLC

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COVER LETTER

	tegistration Section Division of Corporations							
SUBJEC	Hunters Bay Apartments LLC							
		Name of Limited Liability Company						
Dear Sir	or Madam:							
The enclo	osed Registered Agent/Registered	Office Change as	nd fee(s) are submitted for filing.					
Please re	turn all correspondence concerning	g this matter to th	ne following:					
Lori Wha	ılen							
	Name of Person							
Registere	d Agent Solutions, Inc.							
-	Firm/Company							
Corporate	Center One, 5301 Southwest Pkwy,	Ste 400						
	Address							
Austin, T	X 78735							
	City/State and Zip Coo	ie						
E-r	nail address: (to be used for future	annual report no	tification)					
For furth	er information concerning this ma	tter, please call:						
Lori Wha	alen	888 at (705-7274					
	Name of Person		Area Code & Daytime Telephone Number					
]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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	ving amount:						
Į	S25 Filing Fee	۵	\$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.

(a)	C/O STRATFORD MANAGEMENT	(t	C/O STRA	RATFORD MANAGEMENT
\-/ <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	585 BOYLSTON STREET, 4TH FLOOR		585 BOYL	'LSTON STREET, 4TH FLOOR
	BOSTON, MA 02116		BOSTON,	N, MA 02116
	2/17/2022		L220000655	5555
	Date of filing/registration in Florida	4.]	Document number
(a)	TRAC-THE REGISTERED AGENT COMPANY			
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	- e:
	Registered Office Address 236 E. 6TH AVENUE	ADDRESS	ù 	
	TALLAHASSEE	L_32303		2023
(b) _	Registered Agent Solutions, Inc.			2023 NO V
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:	7 29 P
	2894 Remington Green Ln.			
	NEW Registered Office Address:	-		
	Ste. A			თ -
	Tallahassee , F	L_32308		_
nange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere lability co of the lim	ed office and impany, it is lited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided i
e artic				Authorized Person

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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