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.

(((H22000393433 3)))



H220003934333ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

V.

12

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*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 PENSACOLA COMMONS LLC

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November 18, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PENSACOLA COMMONS LLC 1901 W CYPRESS CREEK RD 102 FT LAUDERDALE, FL 33309

SUBJECT: PENSACOLA COMMONS LLC

REF: L22000166675

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: H22000393433 Regulatory Specialist III Letter Number: 122A00025762

H22000393433

## COVER LETTER

I'O: Registration Section Division of Corporations					
Pensacola Commons LLC					
SUBJECT:N	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	e following:			
Harry Spitzer					
Name of Person		<del></del>			
Pensacola Commons LLC					
Firm/Company		- <del>-</del>			
1901 W. Cypress Creek Road, Suite 102					
Address		<u> </u>			
Fort Lauderdale, FL 33309					
City/State and Zip Code	<del></del>				
harry@hscapitalfund.com					
E-mail address: (to be used for future a	innual report not	ification)			
For further information concerning this matt	er, please call:				
Matthew H. Jacobson, Esq.	305 at (	539-7372			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the followi	ing amount:				
□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
MILICIO (2/LA)					

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H22000393433

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.

. Na	ame of the limited liability company:	ons LL	LC_	<u></u>				
. (a)	1901 W. Cypress Creek Road, Suite 102		(b)	1901 W. Cypress Cr	eck Road, S	Suite 102		
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		\-/	Mailing add	ress of limite IAY BE POS			<b>/</b> :
	Fort Lauderdale, FL 33309			Fort Lauderdale, FL	33309			<u>.</u>
		<u> </u>						
	April 7, 2022		_	.22000166675 				
•	Date of filing/registration in Florida	4.		Documer	at number			
(a)	HS Capital Fund Inc							
` '	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State:				
	1901 W. Cypress Creek Road							
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)					
	Suite 102							
	Fort Lauderdale	33309	9	<del></del> -				
	, 1 1			<del></del>				
(b)	OH RE Manager LLC							
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:		S.	25	
							122	
	1055						40H 2202	
	NEW Registered Office Address:						25	-
	1901 W. Cypress Creek Road, Suite 102					•• .		[ ] ; [ ] ;
		22200	^				PH	•
	Fort Lauderdale , FI	_33309	<del></del>			<u> </u>	ښ	
•h = 1	imited liability company is not organized under the la-	us of i	tha (	State of Florida, it is	hereby co	nfirmed	co than⊷b⊕	er th
ange	or changes are made, the Florida street address of the	regis	tere	d office and the busi	ness office	e of the n	egistere	:d
ent v	will be identical. For in the case of a Florida limited light authorized by an appropriate vote of the members of	ability	cor	npany, it is hereby o	confirmed	that the c	hange( rovideo	S) 1 in
	icles of the invariance are operating agreement of the	limite	zi li	ability company.	.y 01 23 04.	ici wise p	101100	
	N. A. C.	ŀ	larry	Spitzer				
Signa	ture of a member or authorized representative of a member			Printed or	typed name	of signee	-	
here ovisi e obi mer nific	hy accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a chappe in the registered office address, I disportingly the change.	ree to perfoi d for i hereby	act i rma in Ci y coi	in this capacity. I funce of my duties, and hapter 605, F.S. Or infirm that the limite	orther agreed I am Jam to if this do d liability	e to com tiliar with cument is company	ply with h and a h being has be	h the ccep filed en
N'	inc of Registered Agent							

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