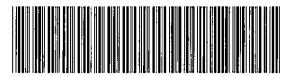
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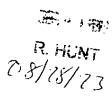
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SUBJECT:

HW Market Place LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Cordero Pinto

HW Marketplace LLC

1100 5 Miami Ave #702

Address

Miami, FL 33130
City/State and Zip Code

hwmarkets@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doniela Cordero Pinto at (786), 838 - 3094

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

Enclosed is a check for the following amount:

SS Filing Fee

□ \$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.

1. Na	nme of the limited liability company: HW M	arket	Place	e LLC		
	1100 s. Miami Ave #702	(b)	110	30 S. Miami	Ave #	-702
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~,-	N	tailing address of limited (Note: MAY BE POST		-
	Miami, FL 33130		N	Mami, FL		
	000121 2022					
3.	May 31, 2023 Date of filing/registration in Florida	4.		000264044 Document number	<u> </u>	
	United States Consortion Age			bocument number		
5. (a)	Registered Agent and Registered Office shown on the records of the			:		
			•			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	476 Riverside Ave				2023	21413 21413
	Jacksonville .FL	322	02		2023 AUG	
(b)	Daniela I. Cordero Pinto				28	두 1
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		<u>ess</u> :		- 		
					PM 12: 40	
	NEW Registered Office Address:					
	1100 S. Miami Ave #70	2				
	Miami	331	30_			
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabete of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	registered pility compositive compositive compositive compositive compositive compositive compositive conference conference conference compositive compositive compositive compositive compositive conference compositive comp	office and pany, it is ad liability composition of the composition of the capacitant	the business office of hereby confirmed the company or as other pany. I. Ordero Printed or typed name of city. I further agree	of the register at the changerwise provided Pinto	ered ge(s) ded in
to mer notified	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided Ity reflect a change in the registered office address. I ha I'm writing of this change.	rehy conf	irm that th	re limited liability co	ompany has	been

Signature of Registered Agent