## L23000402801

Office Use Only



900439537299



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

If there are any issues please contact Cheyanne at 850-202-1882

Date:1	1/26/2024	
Name:	Cheyanne Davis	_
Reference #:	2561215	_
		T PROPCO LLC
	of Incorporation/Authorization	to Transact Business
Amendn	nent	
✓ Change	of Agent	
Reinstat	tement	
Convers	sion	
Merger		
☐ Dissolut	ion/Withdrawał	
Fictitious	s Name	
Other_		
	ęns.	
Authorized Am	ount: \$25	
Signature:	Chymetains	

## 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.

L Na	ame of the limited liability company: HILLCF	REST PE	ROPC	OLLC		
2. (a)		(b)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	<u>N</u>	No Change			
	August 28, 2023		L2	23000402801		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	BENGIO, JACOB					
, ,	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:	· ::		
	2901 STIRLING ROAD, STE 200					
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		•		
				7. E	.a	
(0)	FORT LAUDERDALE	FL_33312		TÀLLATIASSEE, FLORIDA	anox nfc -4	
	COGENCY GLOBAL INC.	_		Assum Som		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			E FI		
	115 North Calhoun St., Suite 4			LORI	ED PM 12: 24	
	NEW Registered Office Address:			)	*	
	Tallahassee	FL 32301				
	Tallariassee					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the register liability comp s of the limited	ed office pany, it is d liability	and the business office of thereby confirmed that the company or as otherwise	f the registered e change(s)	
	icob Bengio	Jacob I	_	· · · · · · · · · · · · · · · · · · ·		
-	ture of a member or authorized representative of a member			Printed or typed name of signe		
provisi the obl to mere	by accept the appointment as registered agent and a fons of all statutes relative to the proper and comple igations of my position as registered agent as provid dy reflect a change in the registered office address. I in writing of this change.	gree to act in to performanc led for in Cha I hereby conf.	this capa re of my d upter 605, irm that ti	wity. I further agree to co luties, and I am familiar w . F.S. Or, if this documen he limited liability compa	omply with the with and accept t is being filed my has been	
	m Mayville					
Signatu	re of Registered Agent					

Tim Mayville, Assistant Secretary

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