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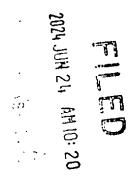
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HMC Inspire LLC			_		
	Name of Limited I.	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Reg	istered Office Change and	fee(s) are submitted for filing.			
Please return all correspondence co	ncerning this matter to the	following:			
Frank Hirscher					
Name of Po	erson				
HMC Inspire LLC					
Firm/Comp	oany				
1101 S Rogers Cir Ste 4					
Address		_		2	
Boca Raton / FL / 33487				024 ر	
City/State and	Zip Code			<u> </u>	
office@hmc-inspire.com				42	į
E-mail address: (to be used for	r future annual report noti	fication)	,,		,
For further information concerning	this matter, please call:			2024 JUN 21, AM 10: 20	į
Frank Hirscher	561 at (359-4601		20	
Name of Person		Area Code & Daytime Telephone Numb	jer		
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 th	e following amount:				
□ \$25 Filing Fee	a 9	555 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.

i. Na	ame of the limited liability company: HMC Inspire LLC					
2. (a)	1101 S Rogers Cir Ste 4, Boca Raton, FL, 33487					
. (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)		
	1101 S Rogers Cir Ste 4, Boca Raton, FL, 33487	_ -	<u>-</u>			
	October 31, 2023		230004961	09		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	ALBION LLC					
J. (a)	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State	:	_	
	1101 S Rogers Cir Ste 4, Boca Raton, FL, 33487				2	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		چ	- : =	
	1101 S Rogers Cir Ste 4			` ā	ž	
	Boca Raton , FL	33487			-	
(b)	Mrs. Martina Kilgo				ī 5	
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :	, ,	<u>\</u>	
	1302 SE 35 TH TER		<u> </u>			
	NEW Registered Office Address:					
	1302 SE 35TH TER					
	CAPE CORAL	33904				
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered ibility com if the limite limited lial	office and pany, it is ed liability bility com	hereby confirmed that the change(so company or as otherwise provided pany.	i)	
		- Talex	-	Printed or typed name of signee		
I here provis the ob to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act ir performan I for in Ch ierehy con,	this capa ce of my a apter 605 firm that t	-	the ccept filed m	