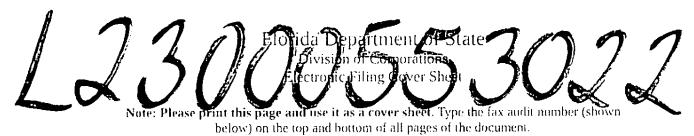
1/2/2025 0011-3-4-6 PST To. 18506176383 Page: 1/2 Fax: 8134365206



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. SALY JAN 3 2025

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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	nne of the limited liability company. HFF Homes LLC				
2. (a)		7901 4th St N STE 300	(b) 7901 4th St N STE 300			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)			
		St. Petersburg FL 33702 US	St. Petersburg FL 33702 US			
		10/45/2002	1,000,005,500,00			
3.		Date of filing/registration in Florida	L23000553022 1 Document number			
5.	(a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the				
		476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		JACKSONVILLE FI FI	32202 Office address:			
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			
		/901 4th St N				
		NEW Registered Office Address:	•			
		STE 300				
		St. Petersburg . F1, 3	33702			
the ag	e cha ent v is/we	inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in imited liability company.			
_	S	ture of a member/or authorized representative of a member	Robin Jones Printed or typed name of signee			
I pr pr the to no	here ovisi e obl mere tifice		te to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed creby confirm that the limited liability company has been			

- Assistant Secretary

David X 20015 Signature of Registered Agent