## 12500200105

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
J. HORNE JUL 23 2025						

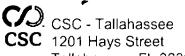
Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 07/22/25 Order #: 3966634-2 Re: HANAOLIVIA LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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.

ί.	Na	me of the limited liability company: HANAOLIVIA LLC				
2. (	a)	2895 COLLINS AVE	(b	(b) 2895 COLLINS AVE		
(	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	~ \`	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		STE B	_	STE B		
		MIAMI BEACH, FL 33140	_	МІАМІ В	EACH, FL 33140	
		04/28/2025		L25000200705		
3.	(a)	Date of filing/registration in Florida	4.		Document number	
5.		LEVY, TESSA				
	. ,	Registered Agent and Registered Office shown on the records of the 2899 COLLINS AVENUE	e Florida	Dept. of Sta	16.5 J	
		Registered Office Address (MUST BE FLORIDA STREET ALL UNIT 1439	Section Dept. of State:			
		MIAMI BEACH . FL	3140			
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ad	dress:		
	NEW Registered Office Address: 1201 Hays Street				_	
					_	
		Tallahassee FL	32301		_	
cha age was the	nge nt w s/we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the re zill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li /S/ Marc Goodman	egistero ility co the lim mited l	d office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  In, CFO	
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n	visid obli ngre	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I have a complete to the writing of this change.	to act erform for in C reby co	in this cap ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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