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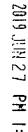
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| PICK-UP | WAIT | MAIL | | | | | |
| (Bus | siness Entity Nan | ne) | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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C. GOLDEN JUL 1 1 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: June 25, 2019

Order#: 797157-040

Re: HB ENTERPRISES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

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.

| J. | | me of the limited liability company: HB ENTERPRIS | | | | | | - - | |
|------------------------|--|--|--|---|--|---|--|---------------------------------------|--|
| 2. | (a) | 3415 University Ave. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | • | ng address of limited liability company: ote: MAY BE POST OFFICE BOX) | | | |
| | | St. Paul, MN 55114 | | St. Paul, MN 55114 | | | | | |
| 3. | | 03/30/2000 Date of filing/registration in Florida | - 4. | M0000000 | 00611 Document number | | | | |
| | | | ٠,, | | Exocument humber | | | | |
| 5. | (a) | CT CORPORATION SYSTEM | | | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept, of State: | | | | | | | |
| | | 1200 SOUTH PINE ISLAND RD. | | | | | ~ | | |
| | | Registered Office Address (MUST BE FLORIDA STREET). | F BE FLORIDA STREET ADDRESS) | | | | 910 | | |
| | | | | ·· · · · · · · · · · · · · · · · · · · | | | \equiv | | |
| | | PLANTATION , FL | 33324 | | | | 2019 JUN 27 | | |
| | | | | | | | | .T(T) | |
| | (b) | Corporation Service Company | | | | | <u> </u> | | |
| | | Enter name of \underline{NEW} Registered Agent and/or \underline{NEW} Registered | Office add | ress: | | · , | PM 1:3 | | |
| | | | | | | | == | | |
| | | 1201 Hays Street | | | | | | | |
| | | NEW Registered Office Address: | | | | | | | |
| | | | | | | | | | |
| | | Tallahassee , FL | 32301 | | | | | | |
| the ag wa the | e cha ent v is/we e arti | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the regist ibility cor f the limi | ered office npany, it is ted liability | and the business of thereby confirmed to company or as other | ffice o | of the reg | gistered e(s) | |
| | Signature of a member or authorized representative of a member | | | | | | | | |
| | | | | | Printed or typed name of | _ | | | |
| pr the to no | ovisi 2 ohl mere tifice | by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If it writing of this change. | ee to act i performa I for in Ci iereby coi | in this cape nce of my c hapter 605 afirm that i | icity. I further agre hitles, and I am fam , F.S. Or, if this doc the limited liability o | e to co iliar v cumen compo | omply w with and it is bein iny has i | ith the accept ig filed been | |
| Si | gnatu | re of Registered Agent Corporation Service Company | BY: Gr | ace E. Kir | by, Assistant Vice | Pres | ident | | |

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