## MOL00000 2130

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(0)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Special instructions to rining Officer.								

Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: October 3, 2016

Order#: 296684-376

Re: HBC MANAGER, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

1.	Na	me of the limited liability company: HBC MANAGER	, L.L.C.					
2	(a)	111 WESTWOOD PLACE SUITE 400	_ (b	)				
~.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of (Note: MAY BE		-	
		BRENTWOOD, TN 37027	-					
		04/13/2006		M0600000	02130			
3.		Date of filing/registration in Florida	4.		Document num	ıber	_	
5.	(a)	C T CORPORATION SYSTEM						
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		PLANTATION ,FL	33324				16 OC	
	(b)	Corporation Service Company				AHASSEC FLORIUM	<u></u>	*
		Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	lress:	•	) []		n - n <del>a</del>
								gr same
		1201 Hays Street				<u> </u>	<b>رب</b> ه	·•
		NEW Registered Office Address:				**************************************	Ö	
		Tallahassee, FL	32301					
the age wa	char ent w s/we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the street of the street of the liability of the street of the liability of the street of	he regis pility co the lim	tered office mpany, it is ited liability	and the busine hereby confirm company or as	ss offic- ned that	e of th t the ch	e registered nange(s)
		Lie E. Cione	Jill C	ilmi, Author	rized Person			<del></del>
I h pro the to i not	ereb visio obli nere ifiea	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete progrations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	erforma for in C ereby co	ance of my d Chapter 605 Onfirm that i	Printed or typed in city. I further duties, and I am, F.S. Or, if this he limited liable by, Assistant	agree to familia s docun ility con	o comp ar with nent is apany	and accept being filed has been