H070000003545

(Requestor's Name)
(,
(Address)
·
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(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
JAN 18 2023

Office Use Only



200400521182



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	195				
	REFERENCE	:						
	AUTHORIZATION	:	1	Eleman				
	COST LIMIT	:	\$ 25/,00					
	January 11, 2023							
ORDER TIME :	11:46 AM							
ORDER NO. :	344554-097							
CUSTOMER NO:	5042714							
CHANGE OF AGENT								
NAME :	HTA - COMMONS	V,	LLC					
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FIL	ING:				
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON	: Eyliena Baker							

EXAMINER'S INITIALS:

• 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. N	ame of the limited liability company:	HTA - COMMO	NS V, L	LC		
2. (a)	16435 North Scottsdale Road, Suite					
~. (u)	Principal office address of limited lia (Note: MUST BE STREET A	- , ,	_ (·)	Mailing address of limit	ed liability company:
	Scottsdale, AZ 85254		_			
	05/01/2007			M07000	0002545	
3.	Date of filing/registration in	Florida	4.		Document number	
5. (a)	C T Corporation System					
<i>J.</i> (11)	Registered Agent and Registered Office show	in on the records of the	he Florida	a Dept. of S	tate:	
	1200 South Pine Island Road					75 S
	Registered Office Address (MUST BE FI	ORIDA STREET A	DDRESS	£)		FII 2023 JAN 17 SECRETARY
	Plantation	, FL_	33324			1 mg
(b)	Enter name of NEW Registered Agent and/o	r NEW Registered (Office ad-	dress:	_	AMII: 45
	NEW Registered Office Address:				_	
	1201 Hays Street	<u></u> .			_	
	Tallahassee	, FL_	32301			
change igent w was/we	mited liability company is not organiz or changes are made, the Florida stree fill be identical. Or, in the case of a Fl re authorized by an affirmative vote o cles of organization or the operating ag	t address of the re orida limited liab f the members of	egistere vility cor the limi	d office a mpany, it ited liabil	nd the business office is hereby confirmed the ity company or as other	of the registered hat the change(s)
	II Cilmi		Jill (Cilmi, Aut	horized Person	
Signati	ure of a member or authorized representative o	f a member			Printed or typed name of	f signee
provisio he obli; o mere	y accept the appointment as registered ons of all statutes relative to the prope gations of my position as registered as ly reflect a change in the registered of in writing of this change.	r and complete pe gent as provided j Noe address, I he	erforma for in Ci reby coi	nce of my hapter 60 nfirm thai	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co e Company	to comply with the liar with and accept unent is being filed ompany has been
Signatur	e of Registered Agent		-		st. Vice President	