m08000001291

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
Special Instructions to	Filing Officer:				

Office Use Only



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07/26/13--01017--008 **25.00



JUL 2 9 2013 D. BRUCE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Becky Arnold barnold0@cscinfo.com

Date: July 25, 2013

Order#: 737541-050

Re: FIRST STATES INVESTORS HFS GP, LLC

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: Becky Arnold

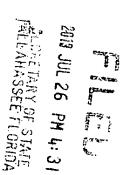
c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 608.416 or 608.508, 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: First States Inve	stors HFS GP, LLC			_
2.	(a) Principal office address of limited liability company: 7501 Wisconsin Avenue, Suite 500 West (Note: MUST BE STREET ADDRESS) Bethesda, MD 20814				<u>st</u>	_
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
03	/18/2	2008	M08000001291			
3.	Dat	e of filing/registration in Florida	4. Document number			_
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept.	. of Stat	c:	
		Registered Agent:	NRAI SERVICES, INC.			_
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	7	6-7	— co
				AHAS	<u>J</u> UL 2	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	333S	92	8
		NEW Registered Agent:	Corporation Service Company			
NEW Registered Office Addr	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	ORAL BE	1. 3	-11-22.x	
			Tallahassee	FL 323	OT	
and lial the the	ifirm I the oility me ope	imited liability company is not organized under the limed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regi- ical. Or, in the case of a Florid was/were authorized by an aff	stered of la limite irmative	ffice d e vote	of
Sign	atur	of a member or authorized representative of a member	_			
		McCrone, Authorized Person . or typed name of signee	-			
I h cor and Ch add	erei nply 11 a apte ires	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of my poster 608, F.S. Or, if this document is being filed to ment i	e Hemilton	urther of my of ovided istered of this ch	igree to duties, for in office iange.	0
Sig	natur	of Registered Agent V Corporation Service Comparation	stant VP			
		Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314			

FILING FEE: \$25.00