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Division of Corporations

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	Division of Co	rporations	
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	Account Name	: C F CORPORATION SYSTEM	
	Account Number	: FCA000000023	
	Phone	: (614)280-3338	
	Fax Number	: (614)280-3338	
*Enter	the email addres	s for this business entity to be used for future	
		ings. Enter only one email address please.**	
	·		٠,
Ema	il Address:		

LLC REGISTERED AGENT CHANGE AF-CH-HH, LLC

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S. ROBERTS

NOV 16 2023

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: AF-CH-HII, LLC	·	
2. (a)	No change	(b) No c	hange
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/23/2009	M0900	00004192
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
	Registered Agent and Registered Office shown on the records of	if State:	
	115 NORTH CALHOUN STREET, SUFFE 4		_
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
			-
	TALLAHASSEE , FL	32301	•
(b)	C T Corporation System	······ · · · · · · · · · · · · · · · ·	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	C,
	1200 South Pinc Island Road		
	NEW Registered Office Address:		
	Plantation	33324	
the cha agent v was/wo	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited lia limited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	Lorosec, Secretary	/s/ Kara Ko	
I herei provisi the obl to mere potified By:	ure of a member or authorized representative of a member by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change. C T Corporation System S Michele Holden, Asst Sect re of Registered Agent	ree to act in this performance o d for in Chapte hereby confirm	Printed or typed name of signee s capacity. I further agree to comply with the f my duties, and I am familiar with and accep r 605, F.S. Or, if this document is being filed that the limited liability company has been