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(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
•	•	,			
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Fi	iling Officer				
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Office Use Only



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SECREMENT OF STRIES

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O SIMMONS
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 11, 2018

Order#: 149628-048

Re: HUDSON GROUP (HG) RETAIL 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: Valerie Miller

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.

. Na	me of the limited liability compar	ıy: HUDSON GRO	UP (HG)	RETAIL, L	LC
. (a)	One Meadowlands Plaza Suite 9 Principal office address of limite (Note: MUST BE STREE	d liability company:	(b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
				ONE ME	ADOWLANDS PLAZA SUITE 900
	East Rutherford	N. 07073	<del>_</del>	<u>EAST R</u>	UTHERFORD, NJ 07073
	04/21/2010		_ <del>,</del>	M100000	001814
	Date of filing/registration	n in Florida	4.		Document number
(a)	C T CORPORATION SYSTEM	Л			_
	Registered Agent and Registered Office	shown on the records of t	he Florida	Dept. of Stat	e:
	1200 SOUTH PINE ISLAND RO	DAD		•	- ± 6
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					是 第二
		<del></del>			THE ED
	PLANTATION	, FL_	33324		
(b)		4/ 5/2022 5 4 4 4			2: 17
	Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered	Office add	ress:	Str. 7
	4204     04				
	1201 Hays Street  NEW Registered Office Address:				_
	NEW Registered Office Address:				
					-
	Tallahassee	, FL_	32301		_
e char ent was/we	nge or changes are made, the Flor ill be identical. Or, in the case of	ida street address of a Florida limited lia ste of the members of	the regist bility cor f the limi	ered office npany, it i ted liabilit	orida, it is hereby confirmed that after e and the business office of the registeres hereby confirmed that the change(s) y company or as otherwise provided in appany.
			ilmi, Autho	prized Person	
_	ure of a member or authorized represental				Printed or typed name of signee
ovisic e obli mere	y accept the appointment as regis ons of all statutes relative to the p gations of my position as register ly reflect a change in the register in writing of this change.	tered agent and agre roper and complete p ed agent as provided ed office address, I h	ee to act i performa I for in C ereby co	in this cap nce of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and acce 5, F.S. Or, if this document is being file the limited liability company has been
gnatur	e of Registered Agent Corporation S	ervice Company	BY: Gr	ace E. Kii	rby, Asst. Vice President
	Division of Co	wnowationsa DA D	ov 63374	Tallahaa	El 22214

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