## M12000005850

| (Requestor's Name)                      |                   |             |  |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|--|
| (Address)                               |                   |             |  |  |  |  |  |
| (Address)                               |                   |             |  |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | e #)        |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |  |  |
| (Business Entity Name)                  |                   |             |  |  |  |  |  |
| (Document Number)                       |                   |             |  |  |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |

Office Use Only



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06/21/16--01029--022 \*\*25.00



**S Warren JUN 2 2 2016** 



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 17, 2016

Order#: 177027-009

Re: HALSTATT, 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: Lindsey Lockard 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:   | HALSTATT, LLC  |   |   |   |
|--|-------------------------------|--|--|---|---|---|
| 2.   | (a)                           | 2600 GOLDEN GATE PARKWAY   |  | _ (b)   |   |   |
| _•   | ()                            | Principal office address of limited lia<br>(Note: MUST BE STREET A   |  | _ (-)   |   | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|  |                               | NAPLES   | FL 34105   | -   |   |   |
|  |                               | 10/01/2012   |  | _   | M1200000  |   |
| 3.   |                               | Date of filing/registration in   | n Florida  | 4.  | ]   | Document number   |
| 5.   | (a)                           | GEORGE PATRICK   |  |   |   |   |
|  |                               | Registered Agent and Registered Office show  | wn on the records of the   | e Florida l                                     | Dept. of State:   |   |
|  |                               | 2600 GOLDEN GATE PARKWAY   |  |   |   |   |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |                               |  |  |   |   |   |
|  |                               |  |  |   |   |   |
|  |                               | NAPLES   | , FL   | 34105   |   |   |
|  | (b)                           | Corporation Service Company  |  |   |   | # - <b>m</b>  |
|  |                               | Enter name of NEW Registered Agent and   | or NEW Registered O  | ffice add                                       | ress:   | PAR A D   |
|  |                               | 1201 Hays Street   |  |   |   | ED A D 21   |
|  |                               | NEW Registered Office Address:   |  |   |   |   |
|  |                               |  |  |   |   |   |
|  |                               | Tallahassee  | , FL   | 32301   |   |   |
| the<br>age<br>was  | char<br>int w<br>s/we         | nge or changes are made, the Florida<br>ill be identical. Or, in the case of a l   | street address of the<br>Florida limited liab<br>of the members of | he regist<br>pility cor<br>the limit            | ered office<br>npany, it is<br>ted liability                | rida, it is hereby confirmed that after<br>and the business office of the registered<br>hereby confirmed that the change(s)<br>company or as otherwise provided in<br>pany. |
|  |                               | Del C'One  | <u> </u>   | Jill C  |   | zed Person  |
|  | _                             | ure of avnember or authorized representative   |  |   |   | Printed or typed name of signee   |
| pro<br>the   | visk<br>obli<br>jere<br>ified | ons of all statutes relative to the propagations of my position as registered by reflect a change in the registered in writing of this change. | per and complete pagent as provided positions, I he                | e to act i<br>erforma<br>for in Ci<br>ereby coi | in this capa<br>nce of my d<br>hapter 605,<br>nfirm that th | city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been            |
| Sig  | natur                         | e of Registered Agent Corporation Serv   | vice Company   | BY: Gr  | ace E. Kirb   | by, Asst. Vice President  |

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