M12 0000006574

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u>_</u>					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX 19 DEC 39 OF 3. 10

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 6, 2019

Order#: 076958-310

Re: HSF AFFILIATES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

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: Ami Casper 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.

1.	Na	me of the limited liability company: HSF AFFILIATES	SLLC	
2.	(a)	18500 Von Karman Avenue, Suite 400	_ (b)	Attn: Legal Department
		Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_	333 South 7th Street, 27th Floor
		Irvine, CA 92612	_	Minneapolis, MN 55402
		11/27/2012	_	M12000006574
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
		Registered Agent and Registered Office shown on the records of th	e Florida	•
		1200 S. Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>	19 OEC -9 PH 3: 48
		Plantation, FL_	33324	
		,		
	(b)	Corporation Service Company		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffi <u>ce add</u>	dress:
		1201 Have Street		
		1201 Hays Street NEW Registered Office Address:		<u></u>
		regimered office readiess.		
				
		Tallahassee , FL	32301	
the ag	e cha ent v as/wo	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are pathorized by an affirmative vote of the members of clessof organization or the operating agreement of the li	the regis bility co the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) littled liability company or as otherwise provided in
		Xel & lilner	Jill C	Cilmi, Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pr th to	ovisi e obl mere	by uccest the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered opent as provided ely reflect a change in the registered office address, I had in writing of this change.	rorforme	ance of my duties, and I am familiar with and accept
S	ignatu	re of Registered Agent Corporation Service Company	BY: A	Ami M. Casper, Asst. Vice President