

M13000004687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

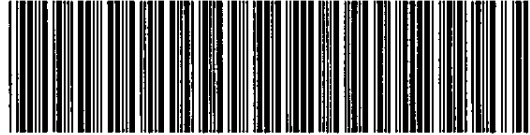
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

FEB 10 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HS PREMIER OF FLORIDA LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN COCHRAN

Name of Person

HS PREMIER OF FLORIDA LLC

Firm/Company

2001 E LAMAR BLVD, SUITE 200

Address

ARLINGTON, TX 76006

City/State and Zip Code

JC@HSPREMIER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN COCHRAN at (214) 770-4472

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: HS PREMIER OF FLORIDA LLC
2. The Florida document number of this limited liability company is: M13000004687
3. Jurisdiction of its organization: TEXAS
4. Date authorized to do business in Florida: 07/25/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company, " "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:


Name of New Registered Agent: JONATHAN COCHRAN

New Registered Office Address: 100 S ASHLEY DR, SUITE 600
Enter Florida Street Address

TAMPA, Florida 33602
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- _____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>JONATHAN COCHRAN</u>	<u>100 S ASHLEY DR SUITE 600</u> <u>TAMPA FL 33602</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>JOHN GERHART</u>	<u>970 LAKE CARILLON DR</u> <u>SUITE 300</u> <u>ST PETERSBURG FL 33716</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>JOHN WILKERSON</u>	<u>970 LAKE CARILLON DR</u> <u>SUITE 300</u> <u>ST PETERSBURG FL 33716</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
CLERK OF THE COURT

FILED

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

John Gerhart
Signature of the authorized representative
John Gerhart
Typed or printed name of signee

Filing Fee: \$25.00