M1300005676

·	(Requesto	r's Name)	
·	(Address)		·
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	(City/State	/Zip/Phone	#)
ET PICK-UE	, n	WAIT	MAIL
	(Business	Entity Nam	ne)
	(Documen	t Number)	
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2023 JAN 17 AH II: 02

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A. BUTLER
JAN 18 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 344555 5042714
AUTHORIZATION Julian
AUTHORIZATION Joielle Cost Limit : \$ 25.00
ORDER DATE : January 11, 2023
ORDER TIME : 2:10 PM
ORDER NO. : 344555-055
CUSTOMER NO: 5042714
CHANGE OF AGENT
NAME: HTA-AW, LLC
NAME. HIM-AW, DEC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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.

(b)		
(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
M13000	0005676	
4.	Document number	
the Florida Dept. of	State:	
	2023 JAN	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
33324		
	100 - (
d Office address:	AHIII: 02	
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iability company, of the limited lia limited liability Jill Cilmi, A gree to act in this experformance of the performance of the performance of the confirm to the corporation Scriptor in Corporation Scriptor of the corporation	Printed or typed name of signce capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
	M13000 4. The Florida Dept. of ADDRESS) 33324 Office address: Dept. of the State of the limited liability company of the limited liability Jill Cilmi, in the performance of the performance of the limited liability company of the limited liability of the limited lia	