(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
:: Copies Certificates of Status							
al Instructions to Filing Officer.							
J. HORNE							
JAN 1 8 2023							

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 344555 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: January 11, 2023 ORDER TIME : 2:09 PM ORDER NO. : 344555-053 CUSTOMER NO: 5042714 CHANGE OF AGENT NAME: HTA-AW VICTOR FARRIS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

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.

1	ΝIο	me of the limited liability company:HTA-AW VICTO	OR FARI	RIS, LLC		<u>.</u>		
l.		16435 North Scottsdale Road, Suite 320	·)				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Scottsdale, AZ 85254						
		09/10/2013		M13000005683				
3.		Date of filing/registration in Florida	4.		Document number	•		
_	(-)	C T Corporation System						
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of Stat	- c :			
		1200 South Pine Island Road			_			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~			
					_			
		Plantation , FI	33324		_			
						≨ _S	207	
	(b)	J/- MINU B - sistema			-	-LA	<u> </u>	
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	aress:		ECRETARY LAHASSI	2023 JAN 17	1.1
		Corporation Service Company				938 1,137		
		NEW Registered Office Address:			<u> </u>			
		1201 Hays Street			_		••	0
							85	(E)
		Tallahassee, FI	32301		_			9
ch ag	ange ent v	imited liability company is not organized under the later conchanges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e register ability co of the lin	ompany, it i inted liabilit liability con	s hereby confirmed by company or as of opany.	that the	chang	(c(s)
/s/ Jill Cilmi Jill Cilmi, Aut						of cures		
	Signa	ture of a member or authorized representative of a member			Printed or typed name	_		with the
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.								d accept ny filed been
no	tifie	a in writing of this change.	Company					
Si	ignatu	re of Registered Agent	.mi M. C	Casper, Ass	st. Vice President			