## M13000000001

(Re	equestor's Name)				
(Ad	dress)				
(Ad	dress)	_			
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	e)			
(DC	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u>.</u>					

Office Use Only



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04/09/15--01013--010 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATION:

KAIRDICHX

Ta, 4,13,15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 7, 2015

Order#: 578188-008

Re: HHLP BLUE MOON ASSOCIATES, 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: Janis M. Smith

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. N	Name of the limited liability company: HHLP BLUE M	OON ASS	SOCIATES, LLC	<del></del>
2. (a)	)	(b)	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BB POST OFFICE BOX)	y:
	<del>•</del>		· · · · · · · · · · · · · · · · · · ·	
	44 Hersha Drive		44 Hersha Drive	
	Harrisburg , PA 17102		Harrisburg, PA 17102	<del></del>
	10/04/2013		M13000006301	
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	the Florida	Dept. of State:	7
	1200 South Pine Isaind Road	-	•	2015
	Registered Office Address (MUST BB IT.ORIDA STREET)	ADDRESS)	2	<u>ج</u>
				×
				2015 APR -9
	Plantation FI	<u>, 33324</u>	<u> </u>	
a.	Corporation Service Company	-	•	AM IO: 33
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add		<del>"،</del> نن
				ω
•	1201 Hays Street			
	NEW Registered Office Address:			
			·	
	Tallahassee, FI	. 32301		
If the	limited liability company Is not organized under the lanange or changes are made, the Florida street address of	ws of the S f the regist	State of Florida, it is hereby confirmed that aftered office and the business office of the regi	ter stered
agent	will be identical. Or, in the case of a Florida limited li	ability cor	empany, it is hereby confirmed that the change	(s)
was/v the ar	vere authorized by an affirmative vote of the members of ticley of organization or the operating agreement of the	of the limi : limited li	ited Hability company of as otherwise provided Hability company.	ın.
	Michael M. Jellespie		hael R. Gillesple, Authorized Person	
Sign	nature of a member or authorized representative of a member	. THOI	Printed or typed name of signee	
I her provi the ol to ine	eby accept the appointment as registered agent and ag sions of all statules relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change,	ree to act i performa d for in C hereby co	in this capacity. I further agree to comply wit ance of my duties, and I am familiar with and a Thapter 605, F.S. Or, if this document is being onfirm that the limited liability company has be	h the accept filed sen
Signa	ture of Registered Agent Corporation Service Company	BY: Gr	race B. Kirby, Assistant Vice President	