M140C0CC4385

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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A PUTLES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 344563 5042714

AUTHORIZATION :

COST LIMIT : \$\frac{1}{25.00} \text{Res.}

ORDER DATE : January 11, 2023

ORDER TIME : 1:55 PM

ORDER NO. : 344563-069

CUSTOMER NO: 5042714

CHANGE OF AGENT

NAME: HTA-SUNSET, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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.

Name of the limited liability company: HTA-SUNSET, LLC					
	(a)	16435 North Scottsdale Road, Suite 320			
۲.	(11)	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			
		06/20/2014	M140	000004385	
3. 5	(a)	Date of filing/registration in Florida C T Corporation System	4.	Document number	
J.	(41)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road		of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	2023		
	(b)	Plantation , FL_	33324	2023 JAN 1	
		Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company		7: 16 7: 16	
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee, FL	32301		
cha age wa	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the State egistered offi ility company the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/	s/ Ji	Il Cilmi	Jill Cilmi,	Authorized Person	
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of signee	
pro the to i	ovisio obli nere		erformance o for in Chapte reby confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been wice Company	
Sig	natur	e of Registered Agent Am	i M. Casper	, Asst. Vice President	