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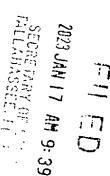
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Mame) |
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| (Document Number) |
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| ried Copies Certificates of Status |
| or definition of the contract |
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| escral Instructions to Filing Officer: |
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| J. HORNE JAN 18 2023 |
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| JI.M. |
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Office Use Only



000400728600





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 344:555 5042714 |
| AUTHORIZATION: Tarielle Men |
| COST LIMIT : \$ 25.00 |
| ORDER DATE : January 11, 2023 |
| ORDER TIME : 2:14 PM |
| ORDER NO. : 344555-296 |
| CUSTOMER NO: 5042714 |
| |
| CHANGE OF AGENT |
| NAME: HTA-MCMULLEN, LLC |
| 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.

| 1. Na | ane of the limited liability company: HTA-MCMULLE | EN, LLC | _ | | | | |
|--|--|--|--|--|---------------------------------------|-----------------------------|--|
| | 16435 North Scottsdale Road, Suite 320 | (b) | - | | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (9) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Scottsdale, AZ 85254 | | | | | | |
| | 10/03/2014 | 1 | M1400000 | 07153 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| ر ا | C T Corporation System | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Stat | le: | | | |
| | 1200 South Pine Island Road | | | | 2 | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 2023 JAN 17 SECRETARY TALLAHASS | Ti | |
| | Plantation , FL | 33324 | | - | | = ; 11 | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company | | | - | AH 9: 39 | D | |
| | NEW Registered Office Address: | - | | - | | | |
| | 1201 Hays Street | | | _ | | | |
| | Tallahassee, FL | 32301 | | - - | | | |
| change agent v | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registered ability con of the limi limited li | npany, it i ted liabilit ability con | s hereby confirmed to company or as other or the company or as other or the company. | hat the change(s | :) | |
| | /s/ hii Ciimi | | | Jill Cilmi, Authorized Person Printed or typed name of signce | | | |
| I here provisi the obl to mer notified | | d for in C hereby co. orporatio | hapter 605 nfirm that n Service | I Couthan arma | a to comply with | the ecept filed en | |