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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE HALL BAY HARBOR ISLANDS, LLC

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| \$25.00 |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPAN

| Purs<br>subm<br>Flori | tils:      | to the provisions of sections 605.0114 or 605.0116, Florida Si the following statement in order to change its registered office.   | ce o                    | r registerea agent, or noth, in the state of  |       |
|-----------------------|------------|--|-------------------------|---|-------|
|                       |            | c of the Limited Liability Company:  | ISU                     | ANDS, LEC   |       |
| 2. (a                 | ) 2        |  | 232                     | ROSS AVE, STE 200 Mailing address of limited liability company:   |       |
|                       |            | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                         | COME MAX BE POST OF FICE BOX  |       |
|                       |            | DALLAS, TX 75201   | DAL                     | AS, TX 75201  |       |
|                       | 2          |  | 15                      | 000001195   |       |
| 3.                    |            | Date of filing/registration in Florida 4.  |                         | Document number   |       |
| 5. (                  |            | CORPORATION SERVICE COMPANY  |                         | 9   |       |
|                       | ,          | Registered Agent and Registered Office shows on the records of the Florids De  | pt. of                  | N. B. C.  |       |
|                       |            | 1201 HAYS STREET   |                         | <u> </u>  |       |
|                       |            | Registered Office Address <u>(AIUST BE FLORIDA STREET ADDRESS)</u>   |                         |   |       |
|                       |            | TALLAHASSEE , FL 32301   | ,                       |   |       |
| (6                    |            | Capitol Corporate Services, Inc.   |                         | 2018 JAN<br>SECRET<br>TALLAHA   | انتهد |
|                       | J          | Enter name of <u>NEW Recistered Agent</u> and/or <u>NEW Recistered Office addre</u>  | <b>27</b> .             | THE SE  |       |
|                       | ļ          | 515 East Park Avenue 2nd FI  |                         | ASI W   | -     |
|                       |            | NEW Registered Office Address:   |                         | SECON   | 1     |
|                       |            | Tallahassee  |                         | q. 1  | •     |
| the c<br>agen         | han<br>I W | nited liability company is not organized under the laws of the St<br>age or changes are made, the Florida street address of the register<br>ill be identical. Or, in the case of a Florida limited liability com-<br>ro authorized by an affirmative vote of the members of the limite<br>les of organization or the operating agreement of the limited liab | red o<br>pany<br>xd lia | tice and the business office of the registered  it is hereby confirmed that the change(s)  bility company or as otherwise provided in   |       |
|                       |            | MY M   | 10                      | Printed or typed name of same   |       |
|                       |            | y accept the appointment as revistered agent and agree to act in<br>ins of all statutes relative to the proper and complete performant<br>gations of my position as registered agent as provided for in Chi<br>by reflect a change in the registered office address, I hereby confine virting of this change.  | this<br>ce of<br>apter  | 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 |       |
| بل                    | K.         | Cance Case, A  | \SSI                    | stant Secretary on  |       |
| oram                  | s iure     | •  |                         | riporate Services, Inc.   |       |
|                       |            | Division of Corporationse P.O. Box 6327e<br>FILING FEE: \$25.00  |                         | aliassee, FL 32314  |       |
| rie i o               | 1211       | a)   |                         | 1   |       |

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