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| ☐ PICK-UP | ☐ WAIT | MAIL | | | | |
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| Certified Copies | _ Certificates | s of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
| eparation and a ming officer. | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|--|--------------------------------|---|--|--|
| SURT | FCT: Ha | allmark Developm | ent Services, LLC | | |
| 50150 | VBJECT: Name of Limited Liability Company | | | | |
| Dear S | Sir or Madam: | | | | |
| The er | nclosed Registered Agent/Registered Of | fice Change and fee(| s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| April | Cliche | | | | |
| | Name of Person | | | | |
| Hallm | nark Management, Inc. | | | | |
| | Firm/Company | | | | |
| 3111 | Paces Mill Rd. Ste. A-250 | | | | |
| | Address | | | | |
| Atlan | ta, GA 30339 | | | | |
| | City/State and Zip Code | | | | |
| aclich | ne@hallmarkco.com | | | | |
| Ē | E-mail address: (to be used for future an | nual report notification | on) | | |
| For fu | ther information concerning this matter | r, please call: | | | |
| April | Cliche | 770 at () | 984-2100 x118 | | |
| | Name of Person | Ar | rea Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registra Divisio P.O. Bo | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | Enclosed is a check for the following amount: | | | | |
| | ■ \$25 Filing Fee | □ \$55 Fi | ling Fee & Certified Copy | | |

INHS18 (2/14)

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. 1 | Name of the limited liability company: Hallmark De | velopn | nent Servic | ces, LLC |
|-----------------------------------|--|--|--|---|
| | Principal office address of limited liability company: | | | Mailing address of limited liability company: |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 4040 West Newberry Road, Suite 950B | | 3111 P | aces Mill Rd. Ste. A-250 |
| | Gainesville, FL 32607 | | Atlanta | , GA 30339 |
| | 06/09/2015 | | M15000 | 004581 |
| 3. | Date of filing/registration in Florida | - 4. | | Document number |
| 5. (a | a) | | | |
| , | Registered Agent and Registered Office shown on the records o Susan Adams | f the Flori | da Dept. of Sta | te: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u>(2)</u> | — ःचे |
| | 4040 West Newberry Road, Suite 950B | | | 7 5 16 |
| | Gainesville, F | L_3260 | 7 | JAN |
| | | | | SSS - |
| (b | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office s | ddress: | |
| | | | | AH 8: 38 OF STATE EFLORIBA |
| | The Hallmark Companies, Inc. | | | <u> </u> |
| | NEW Registered Office Address: | | - | |
| | 4040 West Newberry Road, Suite 950B | | | _ |
| | Gainesville | L_3260 | 7 | |
| the cl agent was/v | limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | iws of the feet in the regularity of the limited | e State of Flaistered office company, it mited liability con | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. |
| Sign | nature of a member or authorized representative of a member | 101 | artin H. Pe | Printed or typed name of signee |
| I her provi the oi to me | eby accept the appointment as registered agent and ag sions of all statutes 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 a e perfori ed for in hereby | ct in this cap nance of my Chapter 60 confirm thai | pacity. I further garee to comply with the |
| Signa | ture of Registered Agent | | | |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00