M15000005714

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





500305321675

11/21/17--01009--0008 **25.00

2817 NOV 20 EN 1: 40 2017 NOV 20 AN 10: 1

J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: November 16, 2017

Order#: 917722-020

Re: HAWKINS PARK LAND LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.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. Na	me of the limited liability company: HAWKINS PARK	LAND I	.LC		
2. (a)	1035 NW 21 TER	_ (b)	1035 N	W 21 TER	
` ,	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	~ (**)		failing address of limited (Note: MAY RE POS)	
	MIAMI, FL 33127	··	MIAMI, F	L 33127	
	07/20/2015	_	M1500000	05714	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Fuhrman, Thomas R, Mr.				
	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State	:	
	4430 Santa Maria St				20
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		•	
•					77 70 77
-	Coral Gables , FL_	33146			70 PH
(1-)	Corporation Service Company				≟ *
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office addr			0.4.0
					, , ,
	1201 Hays Street	-			
	NEW Registered Office Address:				
	Tallahassee FL	32301			
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability.	he registo oility con the limit mited lia	ered office ipany, it is ed liability ibility com-	and the business off hereby confirmed the company or as other pany.	fice of the registered hat the change(s) erwise provided in
<u> </u>				pez, Authorized Person	
_	ure of a member or authorized representative of a member			Printed or typed name o	•
provision the oblication mere notification	ny accept the appointment us registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided in the registered office address. The Fig writing of this change	erformai for in Ch reby coi	ice of my d iapter 605, ifirm that ti	uties, and Lam fami F.S. Or. if this doc	fiar with and accept ument is being filed ompany has been