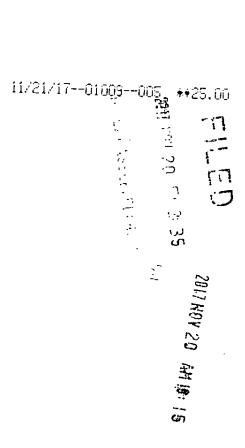
MSOUDENHE

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

Office Use Only



600305321666



D SCOTT NOV 22 2017



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#: 917722-025

Re: HAWKINS PARK PROPERTIES 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.

_ 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.

QUCA.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. No	time of the limited liability company: HAWKINS P.	ARK PROPE	PERTIES LLC	
2. (a)	1035 NW 21 TER	(b)	b) 1035 NW 21 TER	
` ` `	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liab (Note: MAY BE POST OF	
	MIAMI, FL 33127		MIAMI, FL 33127	
	08/14/2015		M15000006446	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Fuhrman, Thomas Rex			
(a)	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:	
	4430 Santa Maria St	• • • • • • • • • • • • • • • • • • • •	·	•
			ALLAHASSL	
	Registered Office Address (MUST BE FLORIDA STREE	I ADDRESS)	2	
			AS: X	3 1
	Coral Gables	L <u>33146</u>		
760	Corporation Society Company		(0) ×	5 C
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered	ad Office add		J
	Since indice of the week registers again the weekiters	ed Ornee addr	dress:	a
	1201 Hays Street			
	NEW Registered Office Address:			
				
	Tallahassee , F	L_32301		
me char agent w was/we.	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited to authorized by an affirmative vote of the members less of organization or the operating agreement of the	of the registe liability com of the limite	tered office and the business office of mpany, it is hereby confirmed that the ited liability commany or as otherwise	of the registered
	- In-	Rat	afael Lopez, Authorized Person	
Signati	re of a member or authorized representative of a member		Printed or typed name of signs	ee
he obli o merei	v accept the appointment as registered agent and as ins of all statutes relative to the proper and complete gations of my position as registered agent as provid y reflect a change in the registered office address, if in writing of this change	e perjorman led för in Ch	ince of my duties, and Lam familiar v Vapier 605 F.S. Or if this document	with and accept
Signature	of Registered Agent Corporation Service Company	By: Grad	are F. Kirby. Assistant Vice Proci	dant

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