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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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19542080845 From: Ranae McGraw

## STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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. Name of the limited liability company: HUH DVOCP CINQUE TERRE, LLC

	Principal office address of limited liability company:		(b)	Mailing address of limited liability company	 1
	( <u>Note: MUST BE STREET ADDRESS</u> ) 22 Maple ave		22 MA	( <u>Note: MAY BE POST OFFICE BOX</u> ) PLE AVE	
	MORRISTOWN, NJ 07960			.ISTOWN, NJ 07960	
	07/01/2016		M16000	005306	
3.	Date of filing/registration in Florida	4.	·	Document number	
5. (a)			······		
	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>15)</u>		
	1201 HAYS STREET	<del></del>		<del></del> .	0
	TALLAHASSEE	32301-	2525	27, C27,	SE
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(b) .	Enter name of NEW Registered Agent and/or NEW Registered	d Office (	ddress:	- 20	FIL
					OR CU
	CT Corporation System				Si si
	NEW Registered Office Address:		STATE		
	1200 South Pine island Road	<u></u>			NS
	Plantation	11104			
	Frantation Fl	L33324			
If the l the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Of, in the case of a Florida limited l rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reg ability of the li b limite	e State of istored of company, mited lial l liability ark S. Rose	flice and the business office of the regis it is hereby confirmed that the change( sility company or as otherwise provided company.	er stered s) I in
Signa	ature of amember or authorized representative of a member			Printed or typed name of signee	
-	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid refy reflect a change in the registered office address, I ad in writing of this change.	ree 10 a e perfor ed for in hereby	ct in this nance of Chapter confirm t	capacity. I further agree to comply wit my duties, and I am familiar with and a 605, F.S. Or, if this document is being hat the limited liability company has be	h the hccept filed en
CTC	Corporation System	.``	গ্ব গ <sup>্</sup> উণ্	INP DI/OCP Clages Tear, I LC by: HHI DUCCP Clague Tears IV, 2016 I.I.C., Its Sole Menher Dy: HIJH II Direct Investment Claque Terre 2016, LLC, its Managing Dy: HUH II Direct Investors GP, LLC, its Manager	
	ure of Registered Agent				
	Division of Corporations. P.O.	Boy 63	7 a Talle	110000 ET 37314	