M17000001105

(Requestor's Name)			
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DEPARTMENT OF SHIP 129

SECRETARY OF STATE

K. SALY MAY 26 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE	: 658721 7,965870				
AUTHORIZATION	: Spellelana.				
COST LIMIT	: \$ 25.00				
ORDER DATE : May 25, 2017					
ORDER TIME : 3:33 PM					
ORDER NO. : 658721-010					
CUSTOMER NO: 7965870					
CHANGE OF AGENT					
NAME: HILLSBORO SHORES, LLC					
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:				
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
	•				
CONTACT PERSON: Melissa Zender					
EX	XAMINER'S INITIALS:				

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.	Name of the limited liability company: Hillsboro St	nores, LLC	
2. (a)		
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	848 Brickell Avenue, PH1	848 B	rickell Avenue, PH1
	Miami, Florida 33131	Miami	i, Florida 33131
	2/07/2017	M1700	0001105
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Tim Sanders		
J. (w)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	itate:
	Registered Office Address (MUST BE FLORIDA STREE 848 Brickell Avenue PH1	T ADDRESS)	
	Miami , I	_{FL} 33131	—
(b)	Corporation Service Company		2017 HAY SECRET TALLAHA
(0	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	SECRETARY OF STATE ALLAHASSEE, FLORID
	NEW Registered Office Address:		- LOSTA SE
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	- ROP
	Tallahassee, ı	_{FL} 32301	· .
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered off liability company, i s of the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) fility company or as otherwise provided in company.
Sign	nature of a member or authorized representative of a member		Printed or typed name of signec
provi the oi to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to act in this c te performance of n ded for in Chapter t I hereby confirm th	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been
nvigi	M. Jan Dan	Melissa Zer	nder
Signa	ture of Registered Agent	Asst. Vice Pre	sident

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