## M17000 001 314

| (Requestor's Name)                      |                 |          |  |  |  |  |
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| (City/                                  | /State/Zip/Phon | e #)     |  |  |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL     |  |  |  |  |
| _                                       |                 |          |  |  |  |  |
| (Busi                                   | iness Entity Na | me)      |  |  |  |  |
| (0.00)                                  | mood Emily Ha   |          |  |  |  |  |
| (Doc                                    | ument Number    | <u> </u> |  |  |  |  |
| `                                       | ·               |          |  |  |  |  |
| Certified Copies Certificates of Status |                 |          |  |  |  |  |
|   |                 |          |  |  |  |  |
| Special Instructions to Fi              | iling Officer   |          |  |  |  |  |
| opeoid instructions to the              | ming Officer.   |          |  |  |  |  |
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Office Use Only



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RA Change

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 24, 2019

Order#: 946295-016

Re: HEARTLAND CAPITAL INVESTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

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: Erika Zavala Daza

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.

| l. Na                                     | me of the limited liability company: HEARTLAND  | CAPITAL I  | NVESTME   | ENTS, LLC   |  |                      |  |
|---|---|--|---|---|--|----------------------|--|
| 2. (a)                                    | 1104 PARIS ROAD, SUITE 2  |  | (b) PO BOX 409  |   |  |                      |  |
| (-)                                       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |  |                      |  |
|   | MAYFIELD, KY 42066  |  | MAYFIE  | LD, KY 42066  |  |                      |  |
|   | 02/13/2017  |  | M170000   | 001314  |  |                      |  |
| 3.  | Date of filing/registration in Florida  | 4.   |   | Document number   |  |                      |  |
| 5. (a)                                    | C T CORPORATION SYSTEM  |  |   | _   |  |                      |  |
| ` ,                                       | Registered Agent and Registered Office shown on the records   | of the Florida   | Dept. of Stat   | e:  |  |                      |  |
|   | 1200 SOUTH PINE ISLAND ROAD   |  |   |   |  |                      |  |
|   | Registered Office Address (MUST BE FLORIDA STREE  | T ADDRESS  | 1   | _   |  |                      |  |
|   |   |  |   |   | <del></del>                                  |                      |  |
|   |   |  |   | <del>-</del>  | 30 <b>6</b>                                  |                      |  |
|   | PLANTATION  | FL33324  |   | _   | ~~-1   |                      |  |
| (L)                                       | Corporation Service Company   |  |   |   | <b>%</b>                                     |                      |  |
| (b)                                       | Enter name of NEW Registered Agent and/or NEW Register  | red Office add   | lress:  | _   |  | 1, Tè                |  |
|   | <del>-</del>  |  |   |   | ·,   |                      |  |
|   | 1201 Hays Street  |  |   |   | 2,6  |                      |  |
|   | NEW Registered Office Address:  |  |   | -   |  | <del>5:</del>        |  |
|   |   |  | , , , , , , , , , , , , , , , , , , ,   | -   |  |                      |  |
|   | Tallahassee   | FL <u>32301</u>  | <del></del>   | _   |  |                      |  |
| the cha<br>agent v<br>was/we<br>the arti  | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the formula of a member of authorized representative of a member | of the regised liability controllers of the limited li | tered offic<br>mpany, it i<br>ited liabilit<br>iability cor                   | e and the business officies hereby confirmed that<br>ty company or as other | ce of the reg<br>at the chang<br>wise provid | gistered<br>ge(s)    |  |
| provise<br>the obli<br>to mer<br>notified | by accept the appointment as registered agent and a completions of all statutes relative to the proper and completing attentions of my position as registered agent as provied reflect a change in the registered office address, and in writing of this change.  The of Registered Agent Corporation Service Company                     | ele performe<br>ided for in C<br>. I hereby co   | ince of my<br>hapter 60.<br>infirm that                                       | duties, ånd I am famili<br>5, F.SOr, if this docu                           | iar with and<br>ment is beir<br>mpany has    | l accept<br>1g filed |  |