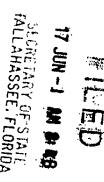
## 1417000001523

(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:		

Office Use Only



500299853505



RECEIVED

2011 JUN -1 PM 1: 59

SECRETARY OF STATE
SECRETARY OF STATE

JUN 0 2 2017

Y SULKER





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 : 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: June 01, 2017	Account#. 12000000088			
Name: Michelle Walker				
Reference #:C019098				
Entity Name: 395 GUS HIPP	FL LLC			
Articles of Incorporation/Authorization	to Transact Business			
Amendment				
☑ Change of Agent				
Reinstatement				
Conversion				
Merger				
☐ Dissolution/Withdrawal				
☐ Fictitous Name				
Other				
Please include a copy of cover letter with returned evidence. Thanks!				
Authorized Amount: 425	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.			
Signature: Michelle Walk	'el-			





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: June 01, 20	17	Account#. 120000000000
Name: Michelle Wa	lker	
TO CICION #.	9098	
Entity Name: 39	5 GUS HIPP FL LLC	
Articles of Incorporation	n/Authorization to Transact Bu	siness
Amendment		
☑ Change of Agent		
Reinstatement		
☐ Conversion		
☐ Merger		
☐ Dissolution/Withdrawa		
☐ Fictitous Name		
Other		A STATE OF THE STA
Please include a o	opy of cover letter with returned o	evidence. Thanks!
Authorized Amount:		lease note: If authorized amount is incorrect, lease call Michelle at 518-213-0737.
Signature:		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114. 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: 395 GUS HII	PP FL LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1870 WINTON RD S, STE 10
	Rochester, NY 14618
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1870 WINTON RD S, STE 10
(NOC. MIL BET OUT OF THEE BON)	Rochester, NY 14618
February 21, 2017	M17000001523
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 South Pine Island Road
riagionala Offica / Idaloss,	1200 S Pine Island Road
	Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	COGENCY GLOBAL INC 会员 星
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Sme 4
	Tallahassee FL 32301
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Charles Hrittle	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Signature of Registered Agent Sean Honan, Assistant Secretary

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

INH\$18 (12/13)