

To:

Per of 4

2022-07-07 14:16:04 CST

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From: James Tanks II

7/7/22, 4:12 PM

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**M17000003900**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H220002323613)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HHC SINGER ISLAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

JUL -8 2022

M. SOLOMON

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Corporate Filing Menu

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: HHC Singer Island, LLC

Enter new principal office address, if applicable: 19501 Biscayne Blvd.

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 400

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

19501 Biscayne Blvd.

Suite 400

Aventura, FL 33180

2. The Florida document number of this limited liability company is: M17000003900

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 5/04/2017

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Sandra Zwijack*

Sandra Zwijack, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

2022 JUL -7 AM 11:46

FILED

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TB Singer LLC	19501 Biscayne Blvd., Suite 400	<input checked="" type="checkbox"/> Add
		Aventura, FL 33180	<input type="checkbox"/> Remove
MGR	E. Anthony Wilson	135 SE 5th Avenue, Suite 202	<input type="checkbox"/> Add
		Delray Beach, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Mario A. Romine

Typed or printed name of signee

**Filing Fee: \$25.00**