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(1	Requestor's Name)	
(/	Address)	
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PłCK-UP	WAIT	MAIL MAIL
(1	Business Entity Name)	
(Document Number)	
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n , stal Instructions to F	Filing Officer:	

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2023 JAN 17 AN 7:29

JAN 19 2023

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 344555 5042714					
AUTHORIZATION : \$ 25.00					
COST LIMIT : \$ 25.00					
ORDER DATE : January 11, 2023					
ORDER TIME : 2:12 PM					
ORDER NO. : 344555-213					
CUSTOMER NO: 5042714					
CHANGE OF AGENT					
NAME: HTA-HEARTLAND SEBRING, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
AX PLAIN STAMPED COPT					
CONTACT PERSON: Eyliena Baker					
EXAMINER'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.	Na	me of the limited liability company:	TLAND SEBRING	i, LLC
		16435 North Scottsdale Road, Suite 320	(b)	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Scottsdale, AZ 85254		
		06/02/2017	M170	000004745
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	C T Corporation System		
	(a)	Registered Agent and Registered Office shown on the record	is of the Florida Dept.	
		Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	2023 JAII
		Plantation	, FL_33324	
	(b)	Enter name of NEW Registered Agent and/or NEW Regist Corporation Service Company NEW Registered Office Address: 1201 Hays Street	tered Office address:	AH 7:29
		Tallahassee	, FL	<u>.</u>
ag wa th	ange ent v is/we e arti	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registered offi d liability companers of the limited little the limited liabilit	y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/s/ Jill Cilmi Signature of a member or authorized representative of a member			- — — — — — — — — — — — — — — — — — — —	Printed or typed name of signee
I pr the to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and compositions of all statutes relative to the proper and compositions of my position as registered agent as proved reflect a change in the registered office address in writing of this change.	vided for in Chapte s, I hereby confirm Corporation Se	is a section of fauthon agrees to comply with the