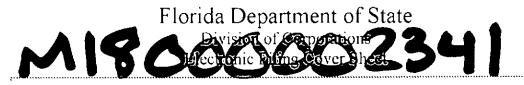
10/28/22, 8:41 AM

Division of Corporations



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.

(((H22000369725 3)))



H220003697253ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: ____ documents@incorp.com

LLC REGISTERED AGENT CHANGE HSC NSB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

INHS18 (2/14)

H22000369725 3

	COVER LETTER
TO: Registration Section Division of Corporations	
cup mer.	HSC NSB, LLC
SURJECT: Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filling.
Please return all correspondence concerning thi	is matter to the following:
Patricia Reyes	
Name of Person	
InCorp Services, Inc.	
Firm/Company	<u></u>
3773 Howard Hughes Pkwy Su	ite 500S 282
Address	2 OC
Las Vegas, NV 89169-601	2022 OCT 28
City/State and Zip Code	
documents@incorp.co	-· ω
E-mail address: (to be used for future ann	unal report notification)
For further information concerning this matter,	, piease call:
ricia Reyes on behalf of InCorp Services, Inc.	800-246-2677
Name of Person	at Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	; amount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H22000369725 3

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: HSC NSB, LLC			
2. (a)	805 Trione St	1	b) 805 Trior	ne St
_, (,,,,	Principal office address of limited liability company: (Note: MUSI BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY RE POST OFFICE ROX)
	Daphne, AL 36526	_	Daphne	, AL 36526
	03/07/2018	-	M180000	02341
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	he Flori	la Dept. of Sta	le:
	1200 South Pine Island Road			
	Registered Office Address	DDRES	ΣΩ	
	Plantation	33324	<u> </u>	
			-	_
(b)	InCorp Services, Inc.			_
`	Enter name of NEW Registered Agent and/or NEW Registered (Office a	ddress:	202
	17888 67th Court North			APPI A FIL 2022 OCT 28
	NEW Registered Office Address:			PILL 28
				- PR 600
	Loxahatchee		33470	5 % E
	, FL.			<u> </u>
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of lift be identical. Or, in the case of a Florida limited fla- tre authorized by an affirmative vote of the members of cigs of organization or the operating agreement of the	the reg bility (f the li	istered offic company, it mited liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
phillips.	Try Ga	Haymes S Sn		nedeker
Signali	tire of a member or authorized representative of a member	•		Printed or typed name of signer
I herel provisi the obli to mere notified	ov accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided thy reflect a change in the registered office address. In I'm writing of this change.	ee to a perfori I for in perchy	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Isabel Burgos on beha	alf of l	nCorp Sei	rvices. Inc.

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