## M1800000379

(Re	questor's Name)				
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(City/State/Zip/Phone #)					
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## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Dos Hermanas Properties, 1.1.CT;		
	1	Name of Limited L	iability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.
Please re	turn all correspondence concerning	this matter to the	following:
Lisa Figu	ieroa		
	Name of Person	···	<del>_</del>
Carringte	on Coleman		
	Firm/Company		MLLANASSET
901 Mair	st., Suite 5500		
	Address	•	5.7. ·
Dallas, T	X 75202		7
	City/State and Zip Cod	e	
mlin@jcl	eo.com		
E-1	nail address: (to be used for future	annual report notif	ication)
For furth	er information concerning this mat	ter, please call:	
Lisa Figu	ueroa	214 at (	855-3207
	Name of Person		Area Code & Daytime Telephone Number
; [	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	Enclosed is a check for the followi	ing amount:	
1	\$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy
INHS18 (	2/14)		

## 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	nne of the limited liability company:  Dos Hermanas	Properti	es, Ll	l.C				
2. (a)	325 N. St. Paul St., Stc. 4300, Dallas, TX 75202		(b) 325 N. St. Paul St., Stc. 4300, Dallas, TX 75202					
∠. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>		N	dailing address of (Note: MAY)	of limited liabili BE POST OFF		:
			_		<del>-</del>			
	03/07/2018	_	MI	180000023	379 			
3.	Date of filing/registration in Florida	4			Document nu	ımber		
5. (a)	C T Corporation System							
., (ar)	Registered Agent and Registered Office shown on the records of	the Flori	da De	pt. of State	· ·:			
						,	20	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>55)</u>			F26	24 F	.E.J
	1200 South Pine Island Road			_		-	B	ال ت هد <sub>خي</sub> دوري
	Plantation	33324 L				TALLAHASSE	2024 FEB 28	CHICAGO CONTRACTOR CON
	,	· ·			•	<i>σ</i> .	3 AM 8: 53	ڭ ئا خ ئ <del>ىس</del> ىسى
(b)	Cogency Global Inc.					(1) 7 (2)	ထု	المييدة"
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	iddre:	<u>55</u> 1		1913. 11. 3.	<u>်</u> ဟ	
	NEW Registered Office Address:							
	115 N. Calhoun St., Suite 4							
	Tallahassec	32301						
				-	•			
If the I	imited liability company is not organized under the la-	ws of th	e Sta	ate of Flo	rida, it is here	eby confirme	d that afte	r the
agent y	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ability o	comp	oany, it is	hereby confi	irmed that the	e change(s	;)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ot the li	mite	d hability	/ company ог	as otherwise	provided	in
				rristine Th				
Signa	Jen O Duyan- fure of a member or authorized representative of a member				Printed or type	d name of signe	e -	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in hereby c	et in nanc Cha confi	this capa se of my d pter 605, erm that t	city. I furthe luties, and I a F.S. Or, if t he limited lia	r agree to co un familiar w his document bility compai	mply with ith and ac t is being f ny has bee	the cept lied n
	oca attached							
Signato	re of Registered Agent							