M18 00000 3685

| (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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: February 11, 2019

Order#: 567170-046

Re: HOPDODDY ORLANDO THE POINTE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie Thomas c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

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. N | ame of the limited liability company: HOPDODDY OF | RLANDO THE I | POINTE, LLC |
|-------------------------------|---|---|---|
| 2. (a) | 512 E RIVERSIDE DR, STE 150 | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | AUSTIN, TX 78704 | | |
| | 04/16/2018 | M180 | 000003685 |
| 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 Florida Dept. ot | i State: |
| | 1200 SOUTH PINE ISLAND ROAD | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | |
| | PLANTATION .FI | 33324 | FILED Ma 22 M Misself |
| (b) | Corporation Service Company | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office address: | 6: 35 LOND) |
| | 1201 Hays Street | | ₹. O |
| | NEW Registered Office Address: | | |
| | Tallahassee FL | 32301 | |
| the charagent vas/weithe arti | imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light of a member or authorized representative of a member | s of the State o the registered o bility company, the limited lial imited liability | flice and the business office of the registered, it is hereby confirmed that the change(s) billity company or as otherwise provided in |
| he obl o mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change. | e to act in this performance of for in Chapter ereby confirm t | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605. F.S. Or, if this document is being filed hat the limited liability company has been |
| <u> </u> | Inoco Cokuble | | |
| Signatu | re of Registered Agent Corporation Service Company | BY: Grace E. | Kirby, Asst. Vice President |

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