M15000009585

(Requestor's Name)
(Address)
(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:
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Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of C				
SUBJECT:	HACA PROP	ERTY INVESTM	IENT LLC	
Name of Foreign Limited Liability Company				
Dear Sir or Madam:				
The enclosed applicat	tion, certificate and fee(s) are submitted	d for filing.	
Please return all corre	espondence concerning	this matter to th	ne following:	
P	ATRICK ZEPHIRIN			
	Name of Person			
HACA PROPERTY INV	VESTMENT LLC			
	Firm/Company		_	
5867 LA GORCE CIRC	LE			
	Address			
LAKE WORTH, FL 334	463			
	City/State and Zip Co	de	_	
INFO@HACAPROPER	TYINVESTMENTS			
E-mail address: (to	be used for future annu	al report notific	cation)	
For further information	on concerning this matte	er, please call:		
Patrick Zephirin		at (<u></u>	213-0900	
Name	of Person	Area Co	de & Daytime Telephone Number	
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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)

Name of limited li -	ability Company as it appear HACA PROPERTY	s on the records of the Florida De	partment of
State:		THE THE THE THE TENT OF THE TE	
Enter new principal o	ffice address, if applicable:		
(<u>Principal office add</u> <u>MUST BE A STREE</u>			
Enter new mailing ad (Mailing address MAY BE A POST O			00 C
2. The Florida docum	ent number of this limited lia	ability company is: M1800000858;	5 7 3
3. Jurisdiction of its	organization:WYOMING		
4. Date authorized to	do business in Florida:09/	18/2018	
SECTION 11 (5-9 co	mplete only the applicable	changes)	
5. New name of the l	imited liability company: (mus	t contain "Limited Liability Comp	pany, ""L.L.C.," or "LLC.")
copy of the written ed	enter alternate name adopted onsent of the managers or man d Liability Company," "L.L.C	for the purpose of transacting burnaging members adopting the alte	siness in Florida and attach a mate name. The alternate name
6. If amending the reg	gistered agent and/or registere or the new registered office ac	ed officer address on our records, ddress here:	enter the name of the new
Name of New Registe	ered Agent:		
New Registered Offic	ee Address:	Enter Florida :	Stead Addraw
		ishter Ploriaa s	
		City	Florida 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

tle/ Capacity	Name	Address Ty	ne of Action
MBR	LOUISIA JEAN		_ □Add
		5867 La Gorce Circle Lake Worth FL 33463	Remo
			_ □Add
			_ □Remo
			_ □Add
			□Remo
•			_ □Add
			Remo
			_ □Add
		han 90 days old, evidencing the	□Reme