## M1800000 9210

(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:					
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SECULIA DE LE CARE

MAR 1 6 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: March 5, 2019

Order#: 627777-005

Re: HOPDODDY ST. PETE 670 CENTRAL AVE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Jiminez

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. 142	une of the limited liability company: HOPDODDY ST	PETE 6	70 CENTE	RAL AVE, LLC	
2. (a)	512 E. RIVERSIDE DRIVE	(b) 512 E. RIVERSIDE DRIVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("/		Mailing address of limite (Note: MAY BE POS	
	SUITE 150		SUITE 15	50	
	AUSTIN, TX 78704		AUSTIN,	TX 78704	
	10/10/2018		M180000	09210	
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 th	re Florida I	Dept. of State	- ::	
	1200 SOUTH PINE ISLAND ROAD				₩ <b>19</b>
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		•	20 % n
	PLANTATION .FL	33324			R-7 M
(b)	Corporation Service Company				9; <b>F</b>
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addi	ess:	•	(E) S1
	1201 Hays Street				
	NEW Registered Office Address:			•	
		<del></del>			
	Tallahassee, FL_	32301			
Signat  I herei provisi the oblito mere	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liability and the identical of the case of a Florida limited liability and the interest of the interest of the interest of organization or the operating agreement of the liability and the appointment as registered agent and agree on a capt the appointment as registered agent and agree on a capt the appointment as registered agent as provided by reflect a change in the registered office address, I have a considered of this change.	he registe collity con the limit dimited lia sill Ci et to act is the reformant for in Ci ereby con	ered office apany, it is ed liability com limi, Author min, Author min, and this capace of my apapter 605 of irm that it	and the business of the hereby confirmed to company or as other pany.  Trized Person  Printed or typed name concity. I further agree the factors and I am family.  F.S. Or. if this doc	fice of the registered hat the change(s) erwise provided in of signee to comply with the iliar with and accept cament is being filed company has been