3/18/2024 07 07:32 PDT To 18506176383 Page: 1/2 Fax 8134365206

orida Department of State (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (813)436-5206

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3/18/2024 07:07:32 PDT • To: 18506176383 Page: 2/2 Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ane of the limited liability company.	eal Estate LLC		
2. ((a)			(b)	
		Principal office address of limited liability co (Note: MUST BE STREET ADDRES	mpany:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•		01/25/19			00000894
3.		Date of filing/registration in Florid		4,	Document number
5.	(a)	UNITED STATES CORPORATION AGENTS, II			·
		Registered Agent and Registered Office shown on the	e records of the	Florida Dept.	of State.
		476 RIVERSIDE AVE.			
		Registered Office Address (MUST BE FLORID)	<u>USTREET AD</u>	<u>DRESS)</u>	
		JACKSONVILLE	. F1. 3	2202	
ſ	b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>			
		7901 4th St N			
		NEW Registered Office Address:			
		STE 300			
		St. Petersourg	FL	3702	
the age was the	cha nt w /we arti	will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the racles of organization or the operating agreem	address of the Timited liab members of the line	ie registered ility compan the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) ability company or as otherwise provided in by company.
<u> </u>	Ellut	the of a member of authorized representative of a member of authorized representative of a member of a	nber		Printed or typed name of signee
pro the to n	visia obli acre	ons of all statiles relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a Lip writing of this change.		vformance e ör in Chapte veby confirn	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept or 605, F.S. Or, if this document is being filed i that the limited liability company has been

Signature of Registered Agent