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Help

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

I. Na	ame of the limited liability company:	ht, LLC				
2. (a)	109 Innovation Court, Suite J	10	109 Innovation Court, Suite J			
(u)	Principal office address of limited liability company; (<u>Note: MUST BE STREET ADDRESS</u>)	(*)	Mailing ad	Mailing address of linuted hability company: (<u>Note: MAYBE POSTOFFICE BOX</u>) OH 43015		
	Delaware, Oll 43015	De	laware, OH 4301			
	03709/2020		000002871			
ł.	Date of filing/registration in Florida		Docum	ent number		
	Japon Serares Inc					
5. (a)	Registered Agent and Registered Office shown on the records of	of State:	2021 A L			
	Registered Office Address <u>MUST BE FLORIDA STREE</u> 17888 67Th Court North		FILED 2021 SEP 16 AM 8: 59 2021 SEP 16 AM 8: 59 2021 SEP 16 AM 8: 59			
	Loxahatchee, f	33470		FILED		
(b)	C T Corporation System					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>		5~ v			
	NEW Registered Office Address:		•••• - ••			
	1200 South Pine Island Road					
	Plantation . :	4. <u>33324</u>				
the cha agent was/w	imited liability company is not organized under the l ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	aws of the Stat of the registere liability comp s of the limited te limited liabi	d office and the my, it is hereby liability company. lity company.	e husiness office of the register confirmed that the charge(s)		
Cian	ture of a member or authorized representative of a member	Eddie W	oods Member Printed	or typed name of signee		
2.	have an a memory of autonized representative of a memory	urno to set in t				

t hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

By:
CT Corporation System

Signature of Registered Agent

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