## M2100001756

(Requestor's Name)					
(Address)					
(Address)					
(* (======)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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S. CHATHAM
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SECRETARY OF STATE TALL/ HASSEFUL TO 



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/08/2023					
	Juliana	_				
Referen	ce #: <b>2128432</b>	_				
	ame: HR REA	ALIZED II LLC				
A	articles of Incorporation/Authorization					
V	Change of Agent					
☐ F	Reinstatement					
	Conversion					
□ N	1erger					
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
	Other					
Authoriz Signatui	re: Suliana Prastia					

## 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.

L. N	ame of the limited liability company: HR REAL	IZED I	<u>  L</u>	LC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  No Change		b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  No Change	
3.	2/8/2021  Date of filing/registration in Florida	- - 4.	_	M21000	001756  Document number
5. (a)	TOTTY, JEFFREY  Registered Agent and Registered Office shown on the records of	 the Florid	la I	Oept, of State	:
	3020 Hartley Road				<b></b>
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			<b>202:</b> 7A
	Unit 300				
	Jacksonville	3205	.7 		ZOZ3 NOV -8 SECRUTARY TALL AHAS
(h)	Cogency Global Inc.			AM 10: 10 OF STATE SEE, FL	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			): 10	
	115 North Calhoun Street, Suite	4			
	NEW Registered Office Address:	·			
	Tallahassee . FL		32:	301	
the cha agent was/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability c of the lin	iste on nit	ered office apany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Blake Odom			Blake Odom Authorized Person		
Signature of a member or authorized representative of a member		<del></del>	Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 11 d in writing of this change.	ree to ac perforn d for in hereby c	1 i 1ar Cl: 701.	n this capa nee of my a napter 605, nfirm that t	icity. I further agree to comply with the hities, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
-	imothy Mayville				
Signati	ire of Registered Agent				