(Red	questor's Name)					
(Add	dress)					
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(City	//State/Zip/Phone	· #)				
PICK-UP	☐ WAIT	MAIL				
(Bus	siness Entity Nam	ne)				
(Document Number)						
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al Instructions to Filing Officer:						

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A. BUTLER JAN 18 2023 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 344554 5042714								
AUTHORIZATION SAMELER RULE								
COST LIMIT : \$25.00								
ORDER DATE : January 11, 2023								
ORDER TIME : 11:57 AM								
ORDER NO. : 344554-394								
CUSTOMER NO: 5042714								
CHANGE OF AGENT								
NAME UED LOGG OF THE MOODE DOAD IT O								
NAME: HTA-1905 CLINT MOORE ROAD, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								
EXAMINER'S INITIALS:								

## 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.	Na	me of the limited liability company: HTA-1905 CLIN	т мос	RE ROAD,	LLC			
2.		16435 North Scottsdale Road, Suite 320						_
2. ()		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-, <del></del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Scottsdale, AZ 85254	<del>-</del>					
		06/25/2021		M2100000	8082			
3. 5	(2)	Date of filing/registration in Florida C T Corporation System	4.		Document number			
5. (a)	( <i>a)</i>	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road			ic:			
		Registered Office Address (MUST BE FLORIDA STREET A	_		20			
		Plantation , FL_	33324		- -	· · ·	2023 JAN 17	b ;
(b)	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company			-	TT. O.	Pii 3:	، ، . ، ، ، . المستر المرا
		NEW Registered Office Address:	•		<del>-</del>	-	7	
		1201 Hays Street			_			
		Tallahassee, FL_	32301		_			
cha age: was	nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed office an ompany, it is nited liabilit	d the business office s hereby confirmed th y company or as othe	of the r	egister change	ed (s)
/5	√ Ji	II Cilmi	Jill	Cilmi, Auth	orized Person			
		ure of a member or authorized representative of a member	•		Printed or typed name o			
I he pro the to n noti	ereb visio obli iere fied	by accept the appointment as registered agent and agree ons of all statules relative to the proper and complete po- gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erform for in C ereby co porati	in this cape ance of my c Chapter 605 onfirm that i on Service	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability co Company	to com liar wit ument i ompany	ply with and of states being has be	th the accept g filed een
			_		t. Vice President			