

1/12/22, 3:02 PM

Division of Corporations

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HAHN LOESER & PARKS
Account Number : I20070000069
Phone : (239)254-2924
Fax Number : (239)592-7716

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jseewald@hahnlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
H BROTHERS FAMILY OFFICE, LLC**

Certificate of Status	1
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Corporate Filing Menu

C. BRUMBLEY
JAN 14 2022
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: H Brothers Family Office, LLC

Enter new principal office address, if applicable:

(Principal office address
MUST BE A STREET ADDRESS)

400 Fifth Avenue South, Suite 300

Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

400 Fifth Avenue South, Suite 300

Naples, FL 34102

2. The Florida document number of this limited liability company is: M21000015282

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 11/16/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: HB Management Group LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: HL Statutory Agent, Inc.

New Registered Office Address: 5811 Pelican Bay Blvd., Suite 650

Enter Florida Street Address

Naples

Florida 34108

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Jeanne L. Seabold

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Digitally signed by:

Aaron Pierce

7FE2D3A4C958444

Signature of the authorized representative

Aaron Pierce, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **HB Management Group LLC**
Old Name: **H Brothers Family Office, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **10th** day of **January, 2022**



Filed Date: 01/10/2022

Edward A. Buchanan
Secretary of State

By: Austin Stege