## MELECCOCUSSIS

<del>-</del>	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	





400434693824

10 ALL DISCULLAR PROPERTY OF CO. 12 C

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/19/2024	_		₩WALK IN**
ENTITY NAME HSRE	E PLANTATION MOB,	LLC	
DOCUMENT NUMBER	R		
	**PLEASE FILE T	HE ATTACHED AND RETURN**	
xxxxxxxx	Plain Copy		•• <u>•</u>
	Certified Copy		,
	Certificate of Status		
			<u> </u>
	**PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY	**
	Certified Copy of Ar	ts & Amendments	
	Certificate of Good S		<u>.</u>
	**APOSTILLE'/	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN	NATION		
NUMBER OF CERTIFI	CATES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: I201600	000072
		5 8 7/h	<i>f</i>
Please call Tina ar	t the above number for	any issues or concerns. Thank	

## 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.

. Na	ame of the limited liability company: HSRE PLANTA	TION M	OB, LLC	
(a)	444 W. Lake Street, Suite 2100 Chicago IL 60606 US		(b) 444 \	W. Lake Street, Suite 2100 Chicago IL 60606 US
<b>,</b> ,	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)
	06/02/2022		M2200	00008575
	Date of filing/registration in Florida	4.		Document number
(a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>(SS)</u>	****
	PLANTATION . FL	33324		
(b)	Registered Agents Inc			
(1)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	<del></del>
	7901 4th St N			
	NEW Registered Office Address:			
	Ste 300			
	St. Petersburg . FL	33702		
ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lin limited	red office ompany, nited lial liability	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
	lichael Gershowitz	Mi	cheal Ger	
ierek Ovisio Obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have the provided of this change.	ee to ac perforn t for in vereby c	t in this cance of Chapter onfirm to	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
	vid Roberts			
gnatur	e of Registered Agent			