Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

	Address:		
TI DIN	Address.		

LLC REGISTERED AGENT CHANGE HFB STOREY CREEK, LLC

Certificate of Status	0
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Help

COVER LETTER

	tion Section of Corporations		
SUBJECT: HF	B STOREY CREEK, LLC		
		Name of Limited	Liability Company
Dear Sir or Mada	am:		
The enclosed Re	gistered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please return all	correspondence concernin	g this matter to the	following:
Ashley McMaho	n		
	Name of Person		
Registered Agent	Solutions, Inc.		
	Firm/Company		
Corporate Center	One, 5301 Southwest Pkwy,	Ste 400	
-	Address	· 	
Austin, TX 78735			
	City/State and Zip Cod	ie	
E-mail addr	ress: (to be used for future	annual report noti	fication)
For further inform	nation concerning this ma	tter, please call:	
Ashley McMahor	1	888 at (705-7274
*	Same of Person		Area Code & Daytime Telephone Number
Registra Division P.O. Box	Address: tion Section of Corporations x 6327 sec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	is a check for the follow	ing amount:	
□ \$25 Fi	ling Fee	□ s	55 Filing Fee & Certified Copy
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lin	nited liability company: OST OFFICE BOX)
	6/17/2022	M2200	0009558	
	Date of filing/registration in Florida	4.	Document number	3 <i>r</i>
	CORPORATION SERVICE COMPANY	" .	150cument numor	.1
5. (a)	Registered Agent and Registered Office shown on the records 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREE	f State:		
	Registered Office Address (MUST BE PLORIDA STREE	<u>I ADDKESS)</u>		
(b)	TALLAHASSEE	FL. 32301		2025 OCT 20 PALLAHASS
	Registered Agent Solutions, Inc.		ALAHASSFF.FIÓBIO	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		PA
	1200 South Pine Island Road		H 2:	
	NEW Registered Office Address:			32 àin
	Plantation	FL 33324		
nange gent v as/w	imited liability company is not organized under the best or changes are made, the Florida street address of the 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 the	he registered office liability company, s of the limited liab	e and the business offi it is hereby confirmed bility company or as o	ce of the registered I that the change(s)
,t	Miek Harbur	Miek Harbu	r Auth	norized Signer
Signa	ture of a member or authorized representative of a member		Printed or typed nam	e of signee

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.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent