(F	Requestor's Name)						
٩)	Address)						
	oddress)						
(C	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
•							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions t	o Filina Officer:						
opeoids monutation of	J. HORNE DEC - 9 2022						

Office Use Only



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2022 DEC -8 AH 9: 37

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RECEIVED
2022 DEC -8 AM II: 19
ALLAHASSEE FLORE

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 176641 8398142
AUTHORIZATION: Symbole man
COST LIMIT : \$2500
ORDER DATE : December 2, 2022
ORDER TIME : 9:42 AM
ORDER NO. : 176641-028
CUSTOMER NO: 8398142
CHANGE OF AGENT
NAME: SUSO 5 NORTHLAKE GP LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker

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:	HLAKE	GP	LLC		
2 ((a)		1	h)			
<u>-</u> . (.u.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(b) Mailing address of limited liability comparation (Note: MAY BE POST OFFICE BOX)			ed liability company:
		121 KING STREET W, SUITE 200		121 KING STREET W, SUITE 200 TORONTO, ON M5H-3T9 CA M22000010789			
		TORONTO, ON M5H-3T9 CA	_				
		07/12/2022					
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)						
J.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	ia D	Dept. of State:		57
		C T CORPORATION SYSTEM					7022.0E0 \$2021.0E0
		Registered Office Address (MUST BE FLORIDA STREET)	<u> 1DDRES</u>	<u>S)</u>			
	1200 SOUTH PINE ISLAND ROAD						8-0
		PLANTATION FL 33324					T. ₩ . 77
		,,,,	·	_			
(b)						36
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ddr	<u>ess</u> :		
Corporation Service Company							
NEW Registered Office Address:							
		1201 Hays Street					
		Tallahassee, FL	32301				
char ager was	nge nt w /we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the JILL CILMI	register sbility co of the lin limited	ed om nite lial	office and pany, it is l ed liability bility comp	the business office hereby confirmed t company or as oth pany.	of the registered that the change(s) erwise provided in
e;	Signature of a member or authorized representative of a member				Printed or typed name of signee		
I he prov the e to m	- ereb visič oblij iere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to ac perform I for in (pereby c	t in van Cho onf	this capac	rity I further agre	e to comply with the
Sign	iatur	e of Registered Agent	GRACE	ΞE	. KIRBY, A	ASST. VICE PRE	SIDENT