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Division of Corporations

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Fax Number : (850)617-6383

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Phone : (305)755-9500

Fax Number

; (305)714-4340

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mail	Address:_		

## LLC REGISTERED AGENT CHANGE HAWK TUSCANY PREFERRED, LLC

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## 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	me of the limited liability company:	NY PREFEI	RED, LL	<u> </u>					
	2502 NORTH ROCKY POINT DRIVE	<b>ሴ</b> )	(b) 2502 NORTH ROCKY POINT DRIVE						
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY RE POST OFFICE BOX)  SUITE 1050					7		
	SUITE 1050	<del></del>							
	TAMPA, FL 33607	· <del></del>	TAMPA,	FL 33607					
	FRBRUARY 9, 2023	N	423000001	739					
(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document numbe	r				
(a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Florida l	Dept. of Stat	<b>te</b> :					
	Registered Office Address OMUST RE PLORIDA STREET	ADDRESSI							
	PLANTATION	L_33324		-	, <b>-</b> 1	2023 NOV			
<b>(</b> b)	XYZ REGISTERED AGENT LLC			_		NON	:		
(0)	Eater name of NEW Registered Agent and/or NEW Register	ed Office add	<u>reas</u> :			8	=======================================		
	2502 NORTH ROCKY POINT DRIVE			<del>-</del>	:	*	<u> </u>		
	NEW Registered Office Address:					!			
	SUITE 1050			_		<u>ა</u>			
	TAMPA	7L_33607		_					
ange ent v es/w e art	imited liability company is not organized under the lear changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the same of a member or sutherized representative of a member they accept the appointment as registered agent and a jons of all statutes relative to the proper and completing along of my position as registered agent as provided they reflect a change in the registered office address,	liability cors of the limited	npany, it i ted liabilit ability cos	is hereby confirmed by company or as of mpany.  N  Printed or typed named to the confirmed to the	d that the c therwise p	hange(i	in		
othre	a in writing of this change.	l héreby co	nfirm that	the limited Habilt	у сотрату	has be	?ก		
gnali	ure of Registered Agent								

Division of Corporationse P.O. Box 6327e Tallahassee, FL 32314 FILING FEE: \$25.00