M23000009500

(Requestor's Name)	
(Address)	40042347
(Address)	10012011
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/07/2461002
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer	
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	MF-HB FLORIDA PROPCO II, L	LC			
0000		ame of Limited !	Liability Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.		
Please	return all correspondence concerning t	this matter to the	e following:		
MOIS	ES CARDOSO				
	Name of Person	 .			-2
FILEJ	ET INC.			:	.3
	Firm/Company		 :		
10440	PIONEER BLVD., SUITE 8		1 1	Gill Tor Tari	FH 1: 35
	Address				ပ
SANT	A FE SPRINGS, CA 90670				
	City/State and Zip Code	_			
REGIS	STEREDAGENT@FILEJET.COM				
	E-mail address: (to be used for future ar	nnual report noti	Hication)		
For fu	rther information concerning this matte	r, please call:			
MOIS	ES CARDOSO	949 at (259-5955		
	Name of Person	« \	Area Code & Daytime Telephone	Num	 iber
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810	
	Enclosed is a check for the following	ng amount:			
	■ \$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

a)	I LETTERMAN DRIVE		(b) LETTE	ERMAN DR.
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		X-7	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE C3500		SUITE C	3500
	SAN FRANCISCO, CA 94129		SAN FRA	ANCISCO, CA 94129
	07/20/2023		M2300000	9500
	Date of filing/registration in Florida	- 4.		Document number
a)	C T CORPORATION SYSTEM			
٠,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	ate:
	1200 SOUTH PINE ISLAND ROAD			ims 2
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	—
	PLANTATION	33324		— 161 ° 1 1224 12 0 4→
	, FI			PH 1:35
)	FILEJET INC.			: 35 FL
(U)	Enter name of NEW Registered Agent and/or NEW Registered	l Office	address:	
	COS E TRAICCE CEDERA			
	625 E. TWIGGS STREET			_
	NEW Registered Office Address:			_
				_
	NEW Registered Office Address:	33602		
	NEW Registered Office Address: SUITE 110 TAMPA , FI			
:]	NEW Registered Office Address: SUITE 110 TAMPA , FI	ws of t	ne State of F	— Clorida, it is hereby confirmed that after
ge t v	NEW Registered Office Address: SUITE 110 TAMPA Fluinted liability company is not organized under the larger or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ws of the register ability	ered office as company, it	nd the business office of the registered is hereby confirmed that the change(s)
ge t v w(NEW Registered Office Address: SUITE 110 TAMPA Flainited liability company is not organized under the larger or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of the memb	ws of the register ability of the li	ered office an company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
ge t v w(NEW Registered Office Address: SUITE 110 TAMPA Fluinted liability company is not organized under the larger or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ws of the register ability of the limited	ered office an company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided impany.

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

Signature of Registered Agent