## M 24 00000 8653

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 847608

AUTHORIZATION :

COST LIMIT : \$ 25.00

\_\_\_\_\_

ORDER DATE : December 18, 2024

ORDER TIME : 12:24 PM

ORDER NO. : 847608-018

CUSTOMER NO: 5057825

\_\_\_\_\_\_

CHANGE OF AGENT

NAME: AREG RIDA HYCC LAND, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

## 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.	Name of the limited liability company: AREG RIDA HY	CC LA	ND, LLC	
			(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1777 WALKER ST, STE 501		1777 WA	LKER ST, STE 501
	HOUSTON, TX 77010	<del></del>	HOUSTO	N, TX 77010
	07/08/2024		M2400000	8653
3.	Date of filing/registration in Florida	4.		Document number
5. (a	n)			
(	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Flori	da Dept. of Sta	e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	-
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	33324		_
	PLANTATION	•		_
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	<u>l Office a</u>	<u>uldręss</u> :	
	NEW Registered Office Address:	-		_
	1201 Hays Street			
		32301		2025 JAH - SECRETALLA
chang agent was/v the ai	Elimited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the M. Mitzner	ws of the registe ability of the li- limited	e State of Fl red office an company, it i mited liabilit	orida, it is hereby configured that after the d the business office of the registered of the standard that the change(s) is company or as otherwise provided in the company or as otherwise provided in the change of the company or as otherwise provided in the company of th
	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	vee to ac perform d for in hereby c	et in this cap nance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signa	iture of Registered Agent Grace E. Kirby, Asst. Vice President	dent		

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