

P110000085449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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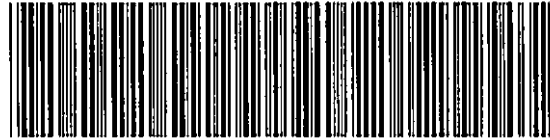
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both in the State of Florida

1. The name of the corporation: HL CAPITAL GROUP, INC.
2. The principal office address: 319 Clematis Street, Suite 708, West Palm Beach, FL 33401
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/28/2011 Document number: P11000085449
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

LISA GERARD

319 Clematis Street, Suite 708

West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

HILLARY O'BRIAN

319 Clematis Street, Suite 708

P.O. Box NOT acceptable

West Palm Beach, FL 33401

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of Officer or Director

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity,  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as registered  
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I  
hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

9/28/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314  
CR12E045 (03/12)

2011 OCT 30 PM 1:30  
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SECRETARY OF STATE  
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