# P16000078596

(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phor	ne #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(			
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer.			
		J. HORNE	
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Office Use Only

#### \* COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Hilton Napoleon, IL P.A. Name of Corporation

### DOCUMENT NUMBER: P16000078596

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

 Hilton Napoleon, II

 Name of Contact Person

 Hilton Napoleon, II, P.A.

 Firm/Company

 237 South Dixie Hwy., 4th Floor

 Address

 Coral Gables, FL 33133

 City/State and Zip Code

 hiltonnapoleoniipa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilton Napoleon, II	at (305)510-7106
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 . .

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

1. The name of the corporation: Hilton Napoleon, II, P.A.

2. The principal office address: 237 South Dixie Hwy., 4th Floor, Coral Gables, FL 33133

 3. The mailing address (if different):

 4. Date of incorporation/qualification:

 9/26/2016

 Document number:

 P16000078596

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)

Hilton Napoleon, II

2555 Ponce de Leon Blvd., Suite 600

Coral Gables, FL 33134

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

Hilton Napoleon, II

237 South Dixie Hwy., 4th Floor

P.O. Box\_NOT acceptable

Coral Gables, FL 33133

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.

Hilton Napoleon, II, Manager

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 of Registered

9-28-2023

If signing on behalf of an entity:

Hilton Napoleon, II

Typed or Printed Name

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

MANY CONCURSION AND DAY AND DAYS FLANDING TWO ADDATES OF STATE

Date

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