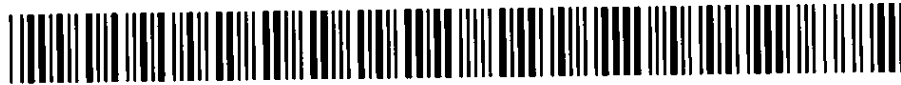


P19000004558

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000403487 3))



H220004034873ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2022 NOV 22 PM 12:48  
FILED

REGISTERED AGENT CHANGE  
HS CAPITAL FUND MANAGEMENT INC

\*\*\*THIS NEEDS A FILE  
DATE OF 11/22; ORIGINAL  
FAXED ON 11/18 BUT  
NEW RA WASN'T QUAL.  
YET; 11/22 IS DATE GIVEN  
TO 4 OTHER FILINGS IN  
THIS ORDER

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

A. RAMSEY

NOV 30 2022



November 30, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HS CAPITAL FUND MANAGEMENT INC  
5225 COLLINS AVE  
# 1018  
MIAMI BEACH, FL 33140US

SUBJECT: HS CAPITAL FUND MANAGEMENT INC  
REF: P19000004558

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please use the fax audit sheet for corporation RA change. Please send this cover sheet back marked abandon.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

FAX Aud. #: H22000400204  
Letter Number: 022A00026389

**COVER LETTER**

H22000393869

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HS Capital Fund Management Inc  
Name of Corporation

**DOCUMENT NUMBER:** P19000004558

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:

Harry Spitzer  
Name of Contact Person  
HS Capital Fund Management Inc  
Firm/Company  
1901 W. Cypress Creek Road, Suite 102  
Address  
Fort Lauderdale, FL 33309  
City/State and Zip Code

harry@hscapitalfund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Jacobson, Esq. at (305) 539-7372  
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

H22000393869

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: HS CAPITAL FUND MANAGEMENT INC

2. The principal office address: 1901 W. CYPRESS CREEK ROAD, SUITE 102, FORT LAUDERDALE, FL 33309

3. The mailing address (if different):

4. Date of incorporation/qualification: January 11, 2019 Document number: P19000004558

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)

Jack Levine, P.A.
3050 Biscayne Blvd., Suite 302
Miami, FL 33137

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

OH RE Manager LLC
1901 W. Cypress Creek Road, Suite 102
Fort Lauderdale, FL 33309
P.O. Box NOT acceptable

FILED
2022 NOV 22 PM 12 48

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 of an officer or director

Harry Spitzer, President
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 of Registered Agent

November 15, 2022
Date

If signing on behalf of an entity:

Harry Spitzer, Manager
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

CR2E045 (04/13)

H22000393869