P20 000073704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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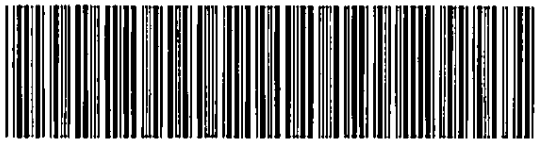

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01/06/21--01011--009 **25.00

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2021 MAR 16 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL

Y SULKER

MAR 16 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2021

LAWRENCE M BURRELL, JR., PA
2880 SE DOWNWINDS RD
JUPITER, FL 33478

SUBJECT: HGP PHIPPS MANAGEMENT INC.
Ref. Number: P20000073704

We have received your document for HGP PHIPPS MANAGEMENT INC. and check(s) totaling $25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of $10.00. Please return a copy of this letter to ensure your money is properly credited.

Document is not legible and too light for imaging(please use black ink)

The registered agent must sign accepting the designation.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00003365

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HGP Phippe Management Inc.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lawrence M. Burrell Jr.
Name of Person

Lawrence M. Burrell Jr PA.
Firm/Company

2980 S.E. Commerce Park
Address

Jupiter, FL. 33478
City/State and Zip Code

INFO@LMBURRELL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE M. BURRELL JR at (561) 747-5705
Name of Person Area Code & Daytime Telephone Number

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 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $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.

1. Name of the limited liability company: HGP Phipps Management Inc.

2. (a) 2880 S.E. Downwind Road
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Jupiter, FL 33478

(b)
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 9-22-2020
Date of filing/registration in Florida

4. P20000073704
Document number

5. (a) Robert Hayden
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3732 N.W. 16th Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Ft. Lauderdale, FL 33311

(b) Lawrence M. Burrell P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2880 S.E. Downwind Road
NEW Registered Office Address:
Jupiter, FL 33478

2021 OCT 19 PM 4:31
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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[signature]
Signature of a member or authorized representative of a member

HUBERT G. PHIPPS
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[signature]
Signature of Registered Agent

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

SN(S)18 (2/14)