3/22/2017



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From:	· 	-! <u>-</u>
	Account Name : REGISTERED AGENT SOLUTIONS INC	
	Account Number : I20100000062	
	Phone : (888)705-7274	
	Fax Number : (888)706-7274	∴ .
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REGISTERED AGENT CHANGE HRA EGYPT LAKE, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations HRA EGYPT LAKE, INC.

Name of Corporation P98000053613 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: Margot Mullin Name of Contact Person Registered Agent Solutions, Inc. 1701 Directors Blvd, Ste 300 Austin, TX 78744 notices@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Margot Mullin Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

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

statement of char	ige is submitted for a	orporation organ:	2, 607.1508, or 617.1508, ized under the laws of the cred agent, or both, in the	State of FLORIDA
1. The name of the	ne corporation: HRA	EGYPT LAKE	, INC.	
	BOR ISLANDS		33154	
3. The mailing ac	idress (if different):			
4. Date of incorp	oration/qualification:	06/16/1998	Document number:	P98000053613
5. The name and Florida Depart	street address of the c ment of State: (If resig	urrent registered a gned, enter resigne	gent and registered office (on file with the
_	CORPORATION	SERVICE CO	MPANY	<u></u>
	1201 HAYS STRE TALLAHASSEE, F			FILI MAR 22
(if changed):			t (if changed) and /or regi	stored office AH D
-	Registered Age		nc.	<u>&</u>
	155 Office Plaza			
-	Tallahassee, FL	90. Bux NOT	acceptable	
The street address as changed will I	ss of its registered off be identical.	ice and the street a	address of the business of	fice of its registered agent,
Such change was authorized by the	s authorized by resolu board, or the corpor	tion duly adopted ation has been not	by its board of directors of the cha	or by an officer so nge.
	e of an officer or director		Neil Sazant	Prosident
- · P	1	gistered agent and visions of all statu miliar with and a led merely to refle as been notified in	l agree to act in this capa tes relative to the proper scept the obligation of my act a change in the registe writing of this change. 03/14/2017	
Sign	atife of Registered Agent		Date	
If signing on beh	11			
Justine Karn	ell - Assistant S	ecretary		
Ту	ped or Printed Name		T. 625 00 + 4 +	

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2F045 (03/12)