I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWNA ELLIS

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

The above hamed e	ered agent, or boun, in the State of Fioric	In the State of Florida.			
SIGNATURE:	DAVID C KOCHE		06/30/2020		
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIV	E	
Name	KOCHE, DAVID C	Name	ELLIS, SHAWNA		
	220 W 7TH AVE SUITE 100	Address	220 W 7TH AVE SUITE 100		
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602		

SUITE 100

FEI Number: 81-4446574

Name and Address of Current Registered Agent:

Current Mailing Address:

220 W 7TH AVE SUITE 100 TAMPA, FL 33602

220 W 7TH AVE TAMPA, FL 33602 US

DOCUMENT# L16000193613

Entity Name: HEIGHTS PUBLIC MARKET, LLC

Current Principal Place of Business:

DAVID, KOCHE C 601 BAYSHORE BLVD

TAMPA, FL 33603 US

SUITE 700

FILED Jun 30, 2020 Secretary of State 3891223631CC

Certificate of Status Desired: No

06/30/2020

AUTHORIZED REP