

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000227247

Entity Name: HOSTHATCH LLC**Current Principal Place of Business:**4830 WEST KENNEDY BLVD
SUITE 600
TAMPA, FL 33609**Current Mailing Address:**4830 WEST KENNEDY BLVD
SUITE 600
TAMPA, FL 33609 US**FEI Number:** 45-3553832**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHOY, KELVIN
4830 WEST KENNEDY BLVD
SUITE 600
TAMPA, FL 33609 US*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.***SIGNATURE:** KELVIN CHOY

09/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CHOY, KELVIN
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

Title MGR
Name CHOY, KELVIN
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

Title AMBR
Name ALEXANDER JOENSSON, LARS EMIL
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

Title MGR
Name ALEXANDER JOENSSON, LARS EMIL
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

Title AMBR
Name ABDULLAH RAFIQ, MUHAMMAD
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

Title MGR
Name ABDULLAH RAFIQ, MUHAMMAD
Address 4830 WEST KENNEDY BLVD
SUITE 600
City-State-Zip: TAMPA FL 33609

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: KELVIN CHOY

CFO

09/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date