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Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE ELITE HH SWFL, LLC

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K. SALY

FEB 1 7 2025

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuo submit Florid	ant to the provisions of sections 605.0114 or 6 ts the following statement in order to change	its registered office or r	the undersigned limited liability company egistered agent, or both, in the State of
	me of the Limited Liability Company:	HH SWFL, LLC	
2. (a)	101 PLAZA REAL SOUTH SUITE 21 Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		AZA REAL SOUTH SUITE 213  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33432	BOCA	RATON, FL 33432
3.	1/1/1900  Date of filing/registration in Florida	<u>L25000</u>	0034041 Document number
5. (a)	FRAZIER, DANIEL  Registered Agent and Registered Office shown on the re  101 PLAZA REAL SOUTH SUITE 2  Registered Office Address (MUST BE FLORIDA S	3	
(b)	BOCA RATON  Capitol Corporate Services, Inc.  Enter name of NEW Registered Agent and/or NEW R	, FL 33432	M25 FEB 14 PM 2: 18
	515 East Park Avenue 2nd Fl NEW Registered Office Address:		- -
	Tallahassee	, FL_32301	_
the cha agent v was/we the arti	imited liability company is not organized under ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the medicles of organization or the operating agreement where of a member of a memb	liess of the registered offic nited liability company, it i mbers of the limited liabilit t of the limited liability cor	to and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a memb	<u> </u>	Printed or typed name of signee
I here provisi the obl to mer notifie	by accept the appointment as registered agent ions of all statutes relative to the proper and c ligations of my position as registered agent as ely reflect a change in the registered office add d in writing of this change.	md agree to act in this cap mplete performance of my trovided for in Chapter 60, ress, I hereby confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Bin Brelader 1	Brian Radecki, Assista	ant Secretary on
Signatu	are of Registered Agent	ehalf of Capitol Corpo	orate Services, Inc.

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