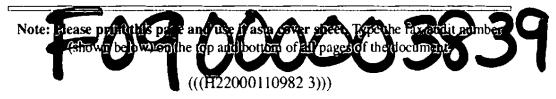


## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet





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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE HLI SOLUTIONS, INC.

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A. BUTLER

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

			02, 607.1508, or 617.1508, Florida Statu mized under the luws of the State of $\underline{ ext{Co}}$		ıt
			tered agent, or both, in the State of Florid		
1. The name of a	the corporation:	HLI Solutions, In	c.		
	office address:		ve Shelton, CT 06484		
	address (if differ	,			
4. Date of incor	poration/qualific	eation: 09/23/2009	Document number: F0900000	3839	
		of the current registered (If resigned, enter resign	agent and registered office on file with the	E	
	CORPORA	ATION SERVICE C	OMPANY		
	1201 HAYS	STREET		က	20
	TALLAHA	ASSEE, FL 32301-25	25	TACE ESSO	022 HAR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		TARY D	29		
	Corporate Creat	tions Network Inc.		) 보	AM
	801 US Highwa	ıy l	<u> </u>		==
	<del></del>	P.O. B	ox NOT acceptable	البا	œ
	North Palm Bea	ich, Fl. 33408			
-	_		t address of the business office of its reg		gent,
authorized by the	he board, of the	corporation has been n	ed by its board of directors or by an offic otified in writing of the change.	.cr so	
/	RUCK		Adia Myles, Attorney-in-Fact		
I hereby accept I further agree of my duties, an document is bei	the appointment to comply with a land am familiar ing filed merely to be on notified in the complete of the complete in the co	-	Printed or typed name and title  nd agree to act in this capacity, tutes relative to the proper and complete ligation of my position as registered age the registered office address, I hereby contents.	e perform ent. Or, i enfirm tha	ance f this t the
	WA		3/25/2022		
- Organ	nature of Registered	Agent	Dute		
If signing on be	half of an entity	y:			
Adia Myles, Spe	cial Secretary				
Т	yped or Printed Name	•			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)