

LO3000012714

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TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 20 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLSM, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

WILLIAM F. MENARD
Name of Person

HLSM, LLC
Firm/Company

P.O. Box 622814
Address

OVIDO, FL 32762
City/State and Zip Code

menard.hls@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM F. MENARD at (407) 647-7346
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2012 NOV 18 AM 11:34
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: HLSM, LLC

2. (a) Principal office address of limited liability company: 165 Middle Street Ste 1101
(Note: MUST BE STREET ADDRESS)

Lake Mary, FL 32746

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

P.O. Box 622814
Oviedo, FL 32762

04/08/2003
3. Date of filing/registration in Florida

L 03 000012714
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MARK I LUKE

Registered Office Address:

165 MIDDLE ST
STE 1101
LAKE MARY, FL 32746

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

WILLIAM F. MENARD

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

165 MIDDLE ST STE 1101
Lake Mary, FL 32746

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William F. Menard
Signature of a member or authorized representative of a member

William F. Menard
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William F. Menard
Signature of Registered Agent