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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	H.R. SOLUTIONS, LLC	•				
Name of Limited Liability Company						
Dear Sir c	or Madam:					
The enclo	sed Registered Agent/Registered Offi	ce Change an	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning thi	s matter to the	following:			
	Name of Person					
LEGALI	NC CORPORATE SERVICES I	NC.				
	Firm/Company					
5850 GF	RANITE PARKWAY, SUITE 215	5				
	Address					
PLANO,	, TX. 75024	•				
	City/State and Zip Code					
E-m	ail address: (to be used for future annu	ual report noti	fication)			
For furthe	er information concerning this matter,	please call:				
NANCY	LUNA	818 at (967-1467			
	Name of Person	-	Area Code & Daytime Telephone Number			
Re D Cl 20	rreet/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
ď	I \$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy			
INHS18 (2.	/14)	,	•			



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: H.R. SOLUT	IONS, LLC			
2. (a)		(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	8520 SW 81 Lane	8520	SW 81 Lane		
	Miami, FL. 33143	Miam	ni, FL. 33143		
	04/01/2004	L0400	0025115		
3.	Date of filing/registration in Florida	4.	Document number	*	
5. (a)	JONATHAN RESQ RUBIN				
J. (a	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:	17 JAN 23 PH 2: 01	-11
	Registered Office Address (MUST BE FLORIDA STREET		N 23		
	9360 Sunset Dr., STE 220		<u>.</u> ω		
	Miami , Fi	L 33173		PH 2: 01	O
(b)	LEGALINC CORPORATE SERVICES INC.			्र _{वह}	
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
	NEW Registered Office Address:				
	5237 Summerlin Commons Suite 400				
	Fort Meyers , FI	L33907			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered of iability company, of the limited liab timited liability	ffice and the business of it is hereby confirmed bility company or as off company.	office of the reg that the change herwise provide	gistered c(s)
<i></i>		<u>Keu</u>	Printed or typed name	••····································	
I here provis the ob to men notifie	ware of a member or authorized representative of a member why accept the appointment as registered agent and agent of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change. If the property of this change in the registered office address, I are in writing of this change.	wee to act in this	canacity I further agr	ee to comply w	ith the accept g filed been