12000024788

(Red	questor's Name)		
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SECRETARY OF STATE
ANASSEE FLORIDA

J. BRYAN
MAR 2 7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
	Ш	CA 1	1.0			
SUBJECT: Name of		LSA, l d Liabil		pany		
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office (Change	and fee((s) are submitte	ed for filing.	
Please return all correspondence concernin	g this m	atter to	the follo	owing:		
Andres Angel			_			
Name of Person						
HLSA, LLC					2012 MAR 26 PH 4: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
's.' Firm/Company						
9737 NW 41 St. Suite #53	33				ARY SSI	1
9737 NW 41 St. Suite #53	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		_		FIG R	TET
					Test #	
Doral, FL 33178					語る	
City/State and Zip Code					₹	
aahlsa2012@gmail.com E-mail address: (to be used for future annual report	notification	on)	_			
For further information concerning this ma	tter, plea	ase call:				
Andres Angel	at (_	305	_)	582-54	110	
Name of Person			Area Code	& Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section				ADDRESS:		
Division of Corporations	Registration Section Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301		Tall	ahassee,	Florida 32314		
rananassee, Florida 32301						
Enclosed is a check for the following	ng amo	unt:				
\$25 Filing Fee	٠	\$5	5 Filing	Fee & Certifie	d Copy	

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.

Name of the limited liability company:	HLSA, LLC
2. (a) Principal office address of limited liability compar	ny: HLSA, LLC
(Note: MUST BE STREET ADDRESS)	9747 NW 41 St. Suite #533 Doral, FL 33178
(b) Mailing address of limited liability company:	HLSA, LLC
(Note: MAY BE POST OFFICE BOX)	9747 NW 41 St. Suite #533 Doral, FL 33178
2/21/2012	L12000024788
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Andres Angel
Registered Office Address:	4602 NW 94 Ct. Miam, FL 33178
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Andres Angel
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9747 NW 41 St. Suite #533 Doral ,FL33178
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Andres Angel Printed or typed name of signee	
Finded or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the plant I am familiar with and accept the obligations of my plant I am familiar with and accept the obligations of my plant I am familiar with and accept the being filed to maddress, I hereby confirm that the limited liability comparate	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny has been notified in writing of this change.

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

Signature of Registered Agen