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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
ALL AHASSEF FI ORD

C. LEWIS

MAY -1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	HLSA, 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:				
Andres Angel				
Name of Person				
HLSA, LLC Firm/Company				
rimi/Company				
9737 NW 41 St. Suite #533				
Address				
•				
Doral, FL 33178				
City/State and Zip Code				
aahlsa2012@gmail.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
A	500 5440			
Andres Angel Name of Person	at (305) 582-5410			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

1.	Nar	me of the limited liability company:	HLSA, LLC
2.	(a)	Principal office address of limited liability company	: HLSA, LLC
		(Note: MUST BE STREET ADDRESS)	9737 NW 41 St. Suite #533 Doral, FL 33178
	(b)	Mailing address of limited liability company:	HLSA, LLC
		(Note: MAY BE POST OFFICE BOX)	9737 NW 41 St. Suite #533 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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3.	Dat	te of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
		Registered Agent:	Andres Angel
		Registered Office Address:	9747 NW 41 St. Suite #533 Doral, FL 33178
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Andres Angel
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9737 NW 41 St. Suite #533
		[MUST BE FLORIDA STREET ADDRESS]	Doral ,FL33178
co an lia of or	nfiri d the bilit the the	dimited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
		Andres Angel	_
		or typed name of signee	_
l l co. an Cl ad	here mply d I d japte dres	by accept the appointment as registered agent and a y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my po- er 608. F.S. Or, if this document is being filed to me as, I bereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Sig	gnatui	re of Registered Agent	

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