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TALL AHASSEF, FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations							
Halo Technologies LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning	this matter to the following:						
Oscar Soto							
Name of Person	, - , - , - , - , - , - , - , - , - , -						
Halo Technologies LLC							
Firm/Company							
224 Datura St. STE 402							
Address							
West Palm Beach, Florida 33401							
City/State and Zip Code							
oscar@halotechnologiesllc.com							
E-mail address: (to be used for future a	nnual report notification)						
For further information concerning this matter	er, please call:						
Oscar Soto	561 929-6122						
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						

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. Na	ame of the limited liability company: Halo Technolo	gies LL0				
2. (a)	224 Datura St. STE 402	(b) _		Dativa		TE 402
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- -			of limited liabili <u>RE POST OFF</u>	
•	6/6/2016 5/7/13				7168	
3. 5. (a)	Date of filing/registration in Florida American Sofety Council, II Registered Agent and Registered Office shown on the records of the SIZS Admson SI. Registered Office Address (MUST BE FLORIDA STREET A			Ocument nu	imber	
(b)	Orlondo , FL Oscar Solo Enter name of NEW Registered Agent and/or NEW Registered Control St. STE Solo NEW Registered Office Address:	,	24 255:		SECRETARY OF STATE TALLAHASSEF, FLORIDA	
	West Polm Beac, FL	334	21			
the chagent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the latter of a member or authorized representative of a member	the registe bility com f the limit	ered office apany, it is additionally the best properties of the bes	and the busi hereby conficompany or bany.	ness office o irmed that th	of the registered the change(s) the provided in
I here provis the ob to men notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change.	ee to act i performar I for in Ch iereby con	n this cana	city I furthe	er agree to c	omply with the