## L14000009617

(Re	equestor's Name)	
(Ad	ldress)	
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(Cid	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN MAR 1 3 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations		
H&M Sales and Consulting LLC SUBJECT:		
	ne of Limited Lia	bility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning the	s matter to the fo	ollowing:
Maria Fernanda Syriopoulos		
Name of Person		_
H & M Sales and Consulting LLC		
Firm/Company		<del></del>
20191 East Country Club Drive Apt 1410		
Address		_
Aventura, Fl 33180		
City/State and Zip Code		_
mfysyr@gmail.com		
E-mail address: (to be used for future ann	ual report notific	ation)
For further information concerning this matter,	please call:	
Maria F Syriopoulos	786 at (	342 8733
Name of Person	_ ** (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	<b>\$55</b>	Filing Fee & Certified Copy
INHS18 (2/14)		o-ceive

JAN 24 2020



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2020

MARIA FERNANDA SYRIOPOULOS 20191 EAST COUNTRY CLUB DRIVE APT. 1410 AVENTURA, FL 33180

SUBJECT: H & M SALES AND CONSULTING LLC

Ref. Number: L14000009617

We have received your document for H & M SALES AND CONSULTING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 220A00003760

## 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.

	me of the limited liability company: H&M Sales and Consu	lting	LLC			
	20191 East Country Club Drive Apt 1410, Aventura Fl 33180		20191 E	East Country Club Drive A	ερι 1410.	Aventura F13318
. ( <del>u</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-		Mailing address of limited (Note: MAY BE POST	-	
	D1 17 2014  Date of filing/registration in Florida 4		L1400000	9617 Document number		<del></del>
. (a)	United States Corporation Agents, Inc					
` ′	Registered Agent and Registered Office shown on the records of the Fl	orida	Dept. of St	tate:		
	13302 Widing Oak Court, Tampa Fl 33612 US			<del></del>	2	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2020 11.5	
	13302 Widing Oak Court,			<u></u>	 ""	
	<u>Tampa</u> , FL 336	2				
				<del></del>	A	-1 - J
(b)	Maria Fernanda Syriopoulos				9	<u>.</u>
	Enter name of NEW Registered Agent and/or NEW Registered Office	e ad	dress:		20	
	20191 east Country Club Dr apt 1410 Aventura Fl 33180					
	NEW Registered Office Address:		···	<del></del>		
	20191 east Country Club Dr apt 1410					
	Aventura FL 3318	0				
hange gent v ras/we ne arti		stere y co lim ed l	ed office a mpany, it ited liabil iability co	and the business office of is hereby confirmed the lity company or as other ompany.  a Syriopoulos	of the reg at the ch rwise pro	gistered ange(s)
-	ure of a member or authorized tepresentative of a member			Printed or typed name of	•	
rovisie ie obli i mere	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo igations of my position as registered agent as provided for ly reflect a change in the registered office address, I hereb I in writing of this change.	act ormo in ( y co	in this ca ince of m hapter 60 infirm tha	pacity. I further agree y duties, and I am famil )5, F.S. Or, if this docu at the limited liability ca	to compliar with iment is ompany h	ly with the and accept being filed as been

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