L140000 50565

(Requestor's Name)									
(Address)									
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COVER LETTER

TO:	Registration Section Division of Corporations		* h		1
emo	HR STRONG		•		
SUB		ame of Limited I	iability Company		
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Of	ffice Change and	I fee(s) are submitted for filing.		
	e return all correspondence concerning t	_	-		
			Ü		
TALI	THA BEVERLY				
	Name of Person		_		
HR S	TRONG				
	Firm/Company			200	
1614	EASTERN AVE NE			25 AF	
	Address			2025 KAR 16	
WAS	HINGTON, DC 20019			ישנ	:
	City/State and Zip Code			ν· 🖒	13
info@	hrstrong.biz			25.5	
	E-mail address: (to be used for future an	inual report notif	fication)	·	
For fu	orther information concerning this matte	τ, please call:			
TALI	THA BEVERLY	202 at (313-2043		
	Name of Person		Area Code & Daytime Telephone N	umber	
	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 819 Tallahassee, FL 32303	0	
	Enclosed is a check for the followin	g amount:			
	\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		
INHSI	8(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 compa	any: HR Strong			_ <u>_</u>			
2. ('a)				(L)				
2 . (Principal office address of limi	ted liability company:	_	(0)	_	of limited liability of RE POST OFFICE		
		1200 Brickell Avenue, Suite 1950 Miami, FL 33131			1200 Brickell Avenue, Suite 1950 Miami, F				
		3/6/23		-	L1400	00050565			
3.		Date of filing/registrati	on in Florida	4.		Document n	umber	·	
5.	(a)								
2. 1	(-/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Talitha Beverly							
		Registered Office Address (MUST	BE FLORIDA STREET AL	DDRE	(S.S)				
		1614 Eastern Avenue NE					(i)	~	
		Washington , FL 20019-2708					2023 Hár		
(b)	Smart Space	· · · · · · · · · · · · · · · · · · ·				t : 1	R 16	
		Enter name of NEW Registered Agen	t and/or <u>NEW Registered C</u>	ffice	<u>address</u> :		- '	AA .	
		1200 Brickell Avenue					-11 C -11 C	œ, ,	
		NEW Registered Office Address:					F -:	5	
		Suite 1950					,		
		Miami,	, FL	3131					
chan agen was/ the s	we we	mited liability company is not or or changes are made, the Florida ill be identical. On in the case of the authorized by in affirmative veles of organization or the operature of a member or authorized representation	a street address of the re of a Florida limited liab- rote of the members of ing agreement of the lia	giste ility o the li mited	red offi company mited li l liabilit	ice and the businessy, it is hereby confiability company or y company. BEVERLY	s office of the re- irmed that the ch	gistered — lange(s)	
I he	reb	y accept the appointment as regi	istered agent and agree	to a	ct in this	s capacity. I furthe	er agree to comp	ly with the	
prov the o to m notif	obli ere ied	ons of all statutes relative to the igations of my position as registe ly reflect a change, in the registe. In writing of this change.	proper and complete pe red agent as provided f red office address, I he	erfort or in reby	nance o Chapte confirm	of my duties, and I is tr 605, F.S. Or, if i that the limited lia	am familiar with his document is ability company h	and accept being filed as been	
Sign	atun	e of Registered Agent Division of C	Corporations P.O. Bo			llahassee, FL 3231	.4		
INHS18	(2/1	(4)	FILING FE	ઇ: \$ 2	5.00				