L18000 129478

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800320981648

11/19/18--01040--002 **55.00

.



D. BRUCE DEC 01 2018

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Hurel Transcript	ion Transla	ation Pro	ofessionals LL	C.
	e of Limited I	Liability C	Company	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and	d fee(s) ar	e submitted for fil	ling.
Please return all correspondence concerning thi	s matter to the	e following	R.	
Rosario M. Hurel-Prado				
Name of Person		<u></u>		
Hurel Transcription Translation Prof	essionals L	.LC.		
Firm/Company				
1800 The Greens Way #5	1			
Address				28 1
Jacksonville Beach, FL 322	:50			ZHE NOV 19
City/State and Zip Code				55 5 F
rhurel@hureltranslations.co	om			유 !
E-mail address: (to be used for future annu	ial report noti	fication)		÷ 1.
For further information concerning this matter,	please call:			Service (#P) Service (#P)
Rosario M. Hurel-Prado	909)	553-9764	
Name of Person	\	Area C	ode & Daytime T	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	egistration ivision of O. Box 63	Corporations	
Enclosed is a check for the following	amount:			
□ \$25 Filing Fee	¥ s	55 Filing	Fee & Certified C	opv

INH\$18 (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	me of the limited liability company: Hurel Transci	ription Tra	nslation Professionals LLC.
2. (a)		_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1800 The Greens Way #511		P.O. Box 1013
	Jacksonville Beach, FL 32250		Ponte Vedra Beach, FL 32004
	5/23/2018		L18000129478
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
127	Registered Agent and Registered Office shown on the records of th	e Florida Dept.	of State:
	Rosario M. Hurel-Prado		
	Registered Office Address <u>(MUST BE FLORIDA STREET AI</u>	DDRESS)	
	4235 Marsh Landing Blvd #927		
	Jacksonville Beach FL	32250	
		-	NON BY
(b)	Enter name of NEW Registered Agent and/or NEW Registered C		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	
	Rosario M. Hurel-Prado		2 11
	NEW Registered Office Address:		
	1800 The Greens Way #511		
	Jacksonville Beach FL	32250	
he cha: igent w vas/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab to suthorized by an affirmative your of the members of	he registered pility compan the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
he arm	cles of organization from operating agreement of the li	mited liabilit	
_(\(\)	are of a member or authorized representative of a member		Rosario M. Hurel-Prado
-	·		Printed or typed name of signee
provisio he obli o mere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete possitions of my position as registered agent as provided by reflect a change in the registered differential reflect and this change.	erformance o	of my duties, and I am familiar with and accept
Sigunur	e of Registered Agent		