## L18000192924

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

то:	Registration Section Division of Corporations		<b>a</b> **	•			
SUBJ	HR Legally Speaking, LLC				 _		
	,	lame of Limited	Liability Company				
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered (	Office Change an	d fee(s) are submitted f	for filing.			
Please	return all correspondence concerning	, this matter to the	e following:				
Kelly	Charles-Collins						
	Name of Person		<del></del>				
HR Le	egally Speaking, LLC						
	Firm/Company	-	<del></del>				
7242	Branchtree Drive			र स्थान	202		
-	Address			CRET ALL/	1. JUL 1202		
Orland	do, FL 32835			WASSE	Q1 6.00		
	City/State and Zip Code	e			P		
• `	kellycharlescollins.com			7	7: 55		
	E-mail address: (to be used for future o	annual report not	ification)	, ,	O1		
For fu	rther information concerning this matt	ter, please call:					
Kelly	Charles-Collins	770 at (	476-9865				
	Name of Person	··· \	Area Code & Dayt	ime Telephone Numb	er er		
	Mailing Address:		Street Address:				
	Registration Section		Registration Sect				
	Division of Corporations		Division of Corp				
P.O. Box 6327			The Centre of Tallahassee				
	Tallahassee, FL 32314		2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303			
	Enclosed is a check for the follow	ing amount:					
■ \$25 Filing Fee			\$55 Filing Fee & Certi	fied 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.

I. Na	nme of the limited liability company: HR Legally Spo	eaking, LLO	2	
2. (a)		(	b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7242 Branchtree Drive		7242 Br	anchtree Drive
	Orlando, FL 32835		Orlando	, F1, 32835
	08/13/2018		L180001	92924
3.	Date of filing/registration in Florida	4.		Document number
5 ()	Kelly Charles-Collins			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Si	tate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	915 N Franklin Street. Unit 1003			
	Tampa	FL		2020 J SECRA TALI
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			LIS AN 7: 55 AHASSEE, FL
	NEW Registered Office Address:			
	7242 Branchtree Drive			<u></u>
	Orlando	FL. 32835		
change agent was/w the art	imited liability company is not organized under the cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the operations agreem	he register liability co s of the lir re limited	ed office a ompany, it nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Collins
- 1	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, a fin scriting of this change.	te perforn Jed for in	ance of m Chapter 6	y duties, and 1 am familiar with and accept 05. F.S Or. if this document is being filed
Signat	re-of Registered Agent			