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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Mary Lex Name	LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Adni Alejandro Name of Person	·
Name of Person	
Hanglex LLC Firm/Company	
Firm/Company .	
2769 10th Aue # 102	
Address	
Palm Springs, F1 33	461
Palm Springs, F1 33. City/State and Zip Code	1411
Marytex10 e gmail ce	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	blease call:
Adni Abejandro	at (561) 315 · 8496
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
54 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

fNHS18 (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.

Florida,							
1. Name of the limited liability of	company:	Harr	, tex	LL	C_		
Principal office address	of limited liability comparistreeT ADDRESS)		(b) <u>a</u>	Mailing	g address of	limited liah	(O · □ · · · · · · · · · · · · · · · · ·
Palm Sprin	ugs, F13	3461	F	alm	Spn	ngs	F1 3846
2/1/19			<u>_</u> _	-190	0003	305	4
3. Date of filing/regi	stration in Florida	4		Doci	ument nun	ıber	
Palm Spring (b) Adni Alegando Enter name of NEW Registered 2769 10th Lu NEW Registered Office Addres	Coffice shown on the real Coffice Shown on	ords of the Fi	33~ _(ESS)			2019 AUG 26 - RELITE TO	
<u>Palm Sprine</u> <u>Palm Spri</u>	ngs	FL	334	ام			
If the limited liability company is the change or changes are made, the agent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	he Florida street addi case of a Florida lim itive vote of the men	ress of the ited liabili ibers of the	registered ty compan c limited li	office and y, it is here ability con	the busine by confiring apany or a	ss office	of the registered the change(s)
Maryle Jan			m	arielo	ا يل ب	Fern	andeg
Signature of a member or authorized re	presentative of a member			Print	ed or typed i	iame of sig	ince J

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in Africa of this change.

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

ature of Registered Agent