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COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	HUMANITARIAN SCIENTIFIC L	.LC	
	Na	me of Limited	Liability Company
Dear Sir or i	Madam:		
The enclose	d Registered Agent/Registered Of	fice Change and	d fcc(s) are submitted for filing.
Please return	n all correspondence concerning th	nis matter to the	e following:
LUCY LEE			
	Name of Person		
HS MANUF	ACTUING GROUP CORPORATION	N	
, <u>, , , , , , , , , , , , , , , , , , </u>	Firm/Company		
9100 CONR	DY WINDERMERE RD, SUITE 275		
	Address		
WINDERKM	IERE,FL 34786		
	City/State and Zip Code		
LLEE@HSM	IGRP.COM		
E-mail	address: (to be used for future and	nual report noti	fication)
For further i	nformation concerning this matter	, please call:	
LUCY LEE		202 at (802-7742
	Name of Person	at (Area Code & Daytime Telephone Number
Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enci	losed is a check for the following	g amount:	
= \$2	25 Filing Fee	□ \$	55 Filing Fee & Certified 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.

1. Na	ame of the limited liability company: HUMANITARIA	N SCIE	ENTIFIC LI	.c				
2. (a)	500 CAMPUS DR., STE. 400				. 400			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address	of limited lia			
	FLORHAM PARK, NJ		FLORH	IAM PARK, NJ				
	07932	_	07932				_	
	05/23/2019		L1900011	31620				
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a)								
, (u)	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of S	tate:				
	GREENBERG TRAURIG, P.A.							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u> </u>					
	450 S. ORLANDO AVENUE, SUITE 650							
	ORLANDO .FL	32801	-					
	, , ,					2019 DEC		
(b)					- (· · · · · · · · · · · · · · · · · ·	30 6	ر پار	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		į - <u>-</u>	i I	Promised Commission	
	LUCY LEE				i di M	9		
	NEW Registered Office Address:				E. F. Conda	P# 3	U	
	9100 CONROY WINDERMERE ROAD, SUITE 275				三 <u>星</u>	3: 04		
	WINDERMERE	3.4707		_	7: °C	t_,		
	FL	34786						
gent w	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operating agreement of the liable of organization or the operating agreement of the liable of organization or the operating agreement of the liable of the l	egister oility co the lin imited	ed office a ompany, it nited liabil liability co	ind the business is hereby confir ity company or a company.	office of the med that the as otherwise	he regis he char	stered	
Syman	gradure of a member or authorized representative of a member				Printed or typed name of signec			
hereb rovisio ne obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac erform for in (ereby c	t in this ca ance of my Chapter 60 onfirm tha		_	,	with the ad accept ing filed s been	
ignatur	e of Registered Agent							

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