

L190000131620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

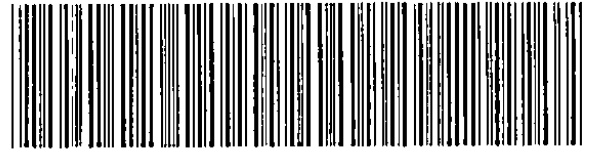
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL

AUG 05 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 375385 8171403

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2020

ORDER TIME : 12:01 PM

ORDER NO. : 375385-005

CUSTOMER NO: 8171403

CHANGE OF AGENT

NAME: HUMANITARIAN SCIENTIFIC LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUMANITARIAN SCIENTIFIC LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCY LEE

Name of Person

C/O HSMG LLC

Firm/Company

41 MADISON AVE, 31ST FLOOR

Address

NEW YORK, NY 10010

City/State and Zip Code

LLEE@HSMGRP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMRAN MALHOTRA

973

615-7010

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

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 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability co. submits the following statement in order to change its registered office or registered agent, or both, in the State of F.

1. Name of the limited liability company: HUMANITARIAN SCIENTIFIC LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

41 Madison Avenue, 31st Floor

New York, NY 10010

Mailing address of limited liability compan

(Note: **MAY BE POST OFFICE BOX**)

990 Conroy Windermere Rd., Ste 275

Windermere, FL 34786

5/23/2019

L19000131620

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lucy Lee

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9100 Conroy Windermere Rd., Ste 275

Windermere, FL 34786

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

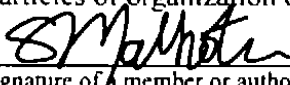
NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

FILED
2020 AUG -4 AM 8:55
CLERK OF STATE
TALLAHASSEE, FL

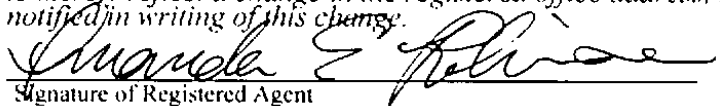
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

SIMRAN MALHOTRA

Printed or typed name of signer

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being used to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Amanda Robinson
Asst. Vice President