L19 000 169796

(Requestor's Name)				
(Address)				
(Address)				
(0	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



100345643681

06/08/20--01014--019 **55.00

2020 JUI - 8 KI 10: 16

RD/ChS/CC

JUN 2 2020 I ALBRITTON

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	Human Capital Partners, LEC T:					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	e following:			
John D	. Roy					
	Name of Person					
Human	Capital Partners, LLC					
	Firm/Company					
7941 S	rom Park Dr					
	Address					
Melbor	irne, FL 32940					
	City/State and Zip Code					
jroy030	0509@gmail.com					
E	-mail address: (to be used for future and	nual report not	ification)			
For fur	ther information concerning this matter	. please call:				
John D	, Roy	321 at (412-0327			
	Name of Person	u (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	g amount:				
□ \$25 Filing Fee ■ \$55 Filing F		\$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: Human Capital	Partners, LLC	
2. (a)	Human Capital Partners, LLC	(b) Human C	apital Partners, LLC
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7941 Strom Park Dr	7941 Stroi	m Park Dr
	Melbourne, FL 32940	Melbourne	e, FL 32940
	June 28, 2019	L19000169	7%
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	John D. Roy		
<i>).</i> (a)	Registered Agent and Registered Office shown on the records of	te:	
	Human Capital Partners, LLC		20
	Registered Office Address (MUST BE FLORIDA STREE	- 28	
	3113 Galleon Ln		<u> </u>
	Indialantic F	FL 32903	- & ,
			- <u>81</u> <u></u>
(b)		.,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	
	NEW Registered Office Address:		_
	7941 Strom Park Dr		_
	Melbourne . I	FL 32940	
change agent v was/w	limited liability company is not organized under the le or 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 members icles of organization or the operating agreement of the	he registered office ar liability company, it is s of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	dury of a member or authorized representative of a member		Printed or typed name of signee
I here provis the obs	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provicely reflect a change in the registered office address, d in writing of this change.	gree to act in this cap te performance of my ded for in Chapter 60. I hereby confirm that	pacity. I further agree to comply with the
Signati	ire of Registered Agent		