120000105057

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
J DENNIS
ASIG - 1 2023

Office Use Only



300409737753

(SECENDER 10014) +233 (€435 01

9899 HIN -5 PH 3:51

COVER LETTER

Division of Corporations	
SUBJECT: HAL- COM LLC Name of Limited Lia	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Patricia Karaugh	
PAL-COM LLC Firm/Company	
658 Danville Circle	
W. Melbourne, FL 32	904
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notific	ud. COM
For further information concerning this matter, please call:	
Patti Kavaraush at 810	S88-865 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 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. Name of the limited liability company: PAL-COM LLC	
2. (a) 658 Danville Circle (b) 658 Danvill	elipla
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liab (Note: MAY BE POST OF	
W. Melbourne, FZ W. Melbourn	e, FL
32904	30904
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:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
(b) Hatricia Advanced Senter name of NEW Registered Office address:	FILEI
NEW Registered Office Address: 11e Circle W. Melbourne FL 30904	D STATE SPARATIONS
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that it was were authorized by an affirmative vote of the peribers of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of sign I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability company.	he registered he change(s) se provided in AUT Hace romply with the
notified in criting of this change. Signature of Registered Agend	