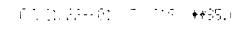
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2022 DEC - J - AH 9: 44

Ra Chang

COVER LETTER

Division of Corporations	
SUBJECT: A HS SEWULITY Name of Limited Lia	CONSULTING, LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Name of Person HHS SECURITY CONSULTING, LLC	_
HHS SECURITY Consultants, LLC Firm/Company	_
500 E. LAS OLAS BLUD SUITE Address	2807 -
FORT LANDSQUALE, FL. 3330/ City/State and Zip Code	2022
E-mail address: (to be used for future annual report notific	(CELL954-654-8571)
For further information concerning this matter, please call:	(cell 954-654-8571)
JAMES R. HOBUE at (954) Name of Person	774 - 9398 , The 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:	
	Filing Fee & Certified Copy
INHSI8(0/14) ALRODOY PATO	

INHS18 (2/14)



October 24, 2022

JAMES HOGUE AHS SECURITY CONSULTING LLC 501 E LAS OLAS BLVD., SUITE 200/300 FORT LAUDERDALE, FL 33301

SUBJECT: AHS SECURITY CONSULTING LLC

Ref. Number: L20000123405

We have received your document for AHS SECURITY CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 622A00023855

CORRECTIONS ATTACHED.

DEC - 5 2022

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.

		s the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
l .		me of the limited liability company: A.11 S. SECURITY CONSULTIABLE LLC
2.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		FURT LAND SEDALE, FL 33301 SUITE 200 + 300 FURT LAND SEDALE, FL 33301 FURT LAND SEDALE FL. 3330
		FORT LAUSSEDALE, FL 33301 SUITE ZOE + 300
		FURT LAWSRO ALS +1. 3330
		MAY 7,2020 123405
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	CT CORPORATION SYSTEM
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		1200 SOUTH PINE ISLAND ROAD
		PLANTINON ,FL 3332.4
	(b)	HHS SECURITY CONSULTING, UB : By JAMES R. HOGUE Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		SOO E LAS GLAS BLUD, SUITE 2807
		<u> </u>
		FORT LAWSROALE FL 3330)
ch ag wa the 	ange ent was we article articl	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in dees of organization or the operating agreement of the limited liability company. Printed or typed name of signee The appointment as registered agent and agree to act in this capacity. I further agree to comply with the one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent