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(Re	equestor's Name)	_	-
(Ac	idress)		_
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nam	ne)	_
(Do	ocument Number)		_
Certified Copies	_ Certificates	of Status	_
Special Instructions to	Filing Officer:		7
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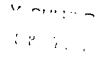
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2021

VICKY MURNANE 6397 EMERALD PARKWAY SUITE 200 DUBLIN, OH 43016

SUBJECT: HSW CONSULTING, LLC

Ref. Number: L20000393443

We have received your document for HSW CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 721A00020231

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.

a)	arne of the limited liability company: 15711 Mapledale Blvd., Suite B, Tampa, FL 33624 (b) 15711 Ma		11 Mapledale Blv	pledale Blvd., Suite B, Tampa, FL 33624		
.4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(o) <u></u>		ress of limited liability company: MAY BE POST OFFICE BOX)	
	02/15/1991		L2000	0393443		
	Date of filing/registration in Florida	4.		Documer	nt number	
(۵)	Cogency Global, Inc.					
(a)	Registered Agent and Registered Office shown on the records o	f the Flo	rida Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)			
	115 North Calhoun Street, Suite 4					
	Tallahassee	L_32301	l			
	_	ւ			. 21	
. .	Steven Folsom				2021	
(b)					구현 22 기계	
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		r 171 -11	
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:		≥≥ - -	
` '	Enter name of NEW Registered Agent and/or NEW Registere	<u>ed Office</u>	<u>address</u> :		3 T	
	Enter name of NEW Registered Agent and/or NEW Registers NEW Registered Office Address:	ed Office	: address:		3 T	
		ed Office	address:	<u>-</u>	3 T	
	NEW Registered Office Address:	ed Office	address:	.	ARY OF ANASSE	
	NEW Registered Office Address: 15711 Mapledale Blvd., Suite B				ARY 16	
	NEW Registered Office Address: 15711 Mapledale Blvd., Suite B Tampa, F	L_33624	1		16 PM 4: 27 ARY OF STATE NHASSEE, FL	
le I	NEW Registered Office Address: 15711 Mapledale Blvd., Suite B Tampa, F		the State	of Florida, it is	ARY OF STATE ARY OF STATE thereby confirmed that after	
næ	NEW Registered Office Address: 15711 Mapledale Blvd., Suite B Tampa , F imited liability company is not organized under the labor changes are made, the Florida street address of the	L 33624	the State	ce and the busi	ARY OF STATE thereby confirmed that after these office of the registered	
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