

L21000 268 976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2024 APR 16 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HLC LOGISTICS SERVICES 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:

Miguel A Lima

Name of Person

Firm/Company

9869 Lenox St

Address

Clermont, FL 34711

City/State and Zip Code

HLCLOGISTICSSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

Miguel A Lima

786

660- 9614

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

2021 APR 16 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

*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.*

2. (a) 9869 LENOX ST CLERMONT, FL 34711 (b) 9869 LENOX ST CLERMONT, FL 34711  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL

Harold Leon Harold Leon  
Signature of a member or authorized representative of a member Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)