

122000011266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

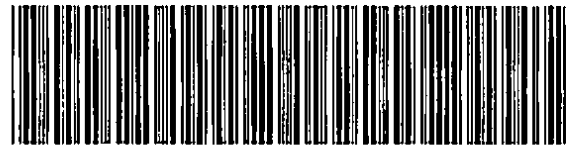
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OFFICE OF CORPORATIONS  
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# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Haleforce Services LLC  
Name of Corporation

**DOCUMENT NUMBER:** L22000011266

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justine Charla Hale

Name of Contact Person

Haleforce Services LLC

Firm/Company

11932 Old Kings Road

Address

Jacksonville Florida 32219

City/State and Zip Code

contact@haleforce.com

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

For further information concerning this matter, please call:

Justine Charla Hale

Name of Contact Person

at ( 216 ) 5545058

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Haleforce Services LLC
2. The principal office address: 11932 Old Kings Road Jacksonville Florida 32219
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/04/2022 Document number: L22000011266
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Legal Zoom

5575 South Semoran Blvd ste 36

Orlando FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Justine Charla Hale


11932 Old Kings Road

P.O. Box NOT acceptable

Jacksonville Florida 32219

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
• Signature of an officer or director

Daniel Cloyd Hale, Owner/Partner

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

12/08/2022

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)