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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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## LLC REGISTERED AGENT CHANGE HERNANDEZ SOLUTIONS GROUP LLC

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## 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.

l. Na	ame of the limited liability company: HERNAN	NDEZ SOLI	UTIONS GROUP LLC	
2. (a)		(b)		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2505 West 76th Street # 203	2505 West 76th Street # 203		
	Hialeah Florida 33016	Hialeah	Florida 33016	
	03/11/22	L2200	00125220	
3.	Date of filing/registration in Florida	4	Document number	
5. (a)	UNITED STATES CORPORATION A	GENTS, INC.		
). (a)	Registered Agent and Registered Office shown on the records of		ite:	
	5575 S. SEMORAN BLVD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_	
	36			
	Orlando	32822	- 2	
(b)	Penistered Agents Inc		AL CALL	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		
	7901 4th St N		ROVE PH	
	NEW Registered Office Address:		5 <u>4</u> 2	
	STE 300		_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	St. Petersburg	<sub>L</sub> 33702	_	
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered office in the same of the limited liabil of the liabil of th	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.	
-	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to met	eby accept the appointment as registered agent and agions of all statutes relative to the proper and completed by the proper and completed ignitions of my position as registered agent as provided rely reflect a change in the registered office address, left in writing of this change.	e performance of m ed for in Chapter 60 hereby confirm tha	v nungs mai i am iamuur waa uuu accei	
ill )	Bill Havre - Assista - Assista	nt Secretary		