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(ке	questor's Name)	
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(Cit	y/State/Zip/Phone	 e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER-

TO:	Registration Section Division of Corporations				
SUBJE	CT: H&L Linguistic Services				
	N	ame of Limited	Liability Company		
Dear Si	r or Madam:				
The end	losed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.		
Please 1	eturn all correspondence concerning	this matter to the	e following:		
	Pauline Alfred				
	Name of Person				
	H&L Linguistic Services				
	Firm/Company				
	204 Olive Ave				
	Address				
	Port Saint Lucie FL 34952				
	City/State and Zip Code			* 3 * 3 * 7	2022 MAY 2-
	alfredpauline_16@yahoo.com			· <u>-·</u> <u>-</u>	II .
Ē	mail address: (to be used for future a	nnual report noti	ification)	* :	=======================================
For furt	her information concerning this matte	er, please call:		••	
					T
Paul	ine Alfred	at (808) 498-8662		έō .
	Name of Person	at (Area Code & Daytime Teleph	ione Number	1,2
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Su Tallahassee, FL 32303	iite 810	
	Enclosed is a check for the following	ig amount:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

1. 1	Name of the limited liability company: H&L Linguistic	Services	s				
2. (a)	()	h)				
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of lin	mited liab	ility com	
	204 Olive Ave		204 Oliv	<u>∕e</u> Ave			
	Port Saint Lucie FL 34952		Port Sair	nt Lucie FL 3495	2		
	April 22, 2022	_	<u>L220001</u>				
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a	Dilection Agents Note: A line of the control of t		<u>. </u>	- e: -			
	registered Office Address (MOST BE PLOKIDA STREET)	<u> IDDKESS</u>	<u> </u>				
	Orlando , FL	32822	<u> </u>	_			
(b)	Pauline Alfred Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-		2022 MAY 27	- 13+
	204 Olive Ave			_))·	
	NEW Registered Office Address:			_	•	9.	
	Port Saint Lucie			_	•	3: 42	_
		34952				. •	
chang agent was/w the ar Sign I heroprovisithe obto men	limited liability company is not organized under the law go or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member leaby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	registere bility co f the lim limited l	ed office and impany, it is ited liability iability com uline Alfred	d the business offices hereby confirme y company or as on a pany. Printed or typed name	ice of the d that th otherwise ne of signe	e regis e chan e provi	tered ge(s) ded in
Signat	ure of Registered Agent						