L22000508743

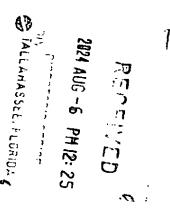
(Requestor	s Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #i			
PICK-UP	WAIT MAIL			
(Business E	Entity Name)			
(Document	Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/06/2024	
Name:	Patrice Rush	<u> </u>
	2446618	<u> </u>
Entity Name:	HRD A	DVISORS LLC
_	s of Incorporation/Authorizatio	n to Transact Business
Amen	dment	~ <u>;</u>
Change	ge of Agent	
☐ Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	ution/Withdrawal	(1).
Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	(Pall	

F: 800.944.6607

F: +852.2682.9790

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. N	ame of the limited liability company: HRD AD	VISC	RS I	LC
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)
	No Change		No C	hange
	December 2, 2022	_		L22000508743
3.	Date of filing/registration in Florida	4.		Document number
5. (a	TOTTY, JEFFREY			
0, (0,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	State:
	3020 HARTLEY RD, STE 300			_
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	
	JACKSONVILLE, FI	32257		
(b)	COGENCY GLOBAL INC.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee, FI	32301		
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis ability co of the lim	stered o mpany, ited lial	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
/s/ B	lake Odom	Blak	e Odo	m
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to met	by accept the appointment as registered agent and aginons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.	ree to act performed d for in C hereby co	in this ance of Chapter onfirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

/s/ Michael Carlisle
Signature of Registered Agent