## L23000314940

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(1.7, 1 1.7, 1 )
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· <del></del>
Special Instructions to Filing Officer:
,
AUG Z 6 2024
AUG ¿ E
2024
·





300434915773

06/20/24--01011--006 \*\*25.00



## COVER LETTER

Division of Corporations		
SUBJECT: HRHU, WC.		
SUBJECT: 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:		
JEMMIFER BAKER		
Name of Person		
HRYU, LLC Firm/Company		
Firm/Company		
13043 ROCKY RIVER RD M		
Address		
JACKSONVILLE, FL 30004  City/State and Zip Code		
HUMANRESOURCESY UTOO C. FMAIL. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
JEMMIFER BAKER 31, 904, 300.6069		
Name of Person Area Code & Daytime Telephone Numb		
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, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
\$ \$25 Filing Fee		

## 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. Name of the limited liability company: HRYU	
2. (a) 130 43 ROCKY RIVER RO. N. (b) 13043  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	ROCKY RIVER RO. Notiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)  AVILLE, FL 30004
	3000314940 ocument number
390 MONTH ONANGE AVE.  Registered Office Address MUST BE FLORIDA STREET ADDRESS)  SUITE 3300-N  OR VANDO .FL 33801	2024 AUE
Enter name of NEW Registered Agent and/or NEW Registered Office address:    Source   River   Ro. N.	PILED PH II: OU
JACKSOMVILLE FIL	
If the limited liability company is not organized under the laws of the State of Florichange or changes are made, the Florida street address of the registered office and tagent will be identical. Or, in the case of a Florida limited liability company, it is howas/were authorized by an affirmative vote of the members of the limited liability companies of organization or the operating agreement of the limited liability company, it is howas/were authorized by an affirmative vote of the members of the limited liability companies of organization or the operating agreement of the limited liability companies of accept the appointment as registered agent and agree to act in this capacity provisions of all stendes relative to the proper and complete performance of my dutitive obligations of my position as registered agent as provided for in Chapter 605, I to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.  LAYL  rinted or typed name of signee  ity. I further agree to comply with the ties, and I am familiar with and accent