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(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
HUDSON STREET PARTNERS I SUBJECT:	.1.C				
No Marie II	ame of Limited I	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning t	this matter to the	following:			
Michael Marino					
Name of Person					
HUDSON STREET PARTNERS LLC					
Firm/Company		<del></del>			
1961 Forum Place, STE B#322					
Address	.,	<del></del>	G.	~	
West Palm Beach, FL 33401				2024 OCT - 7 PM I2: 33	***
City/State and Zip Code	:	<del></del>	ALLAHASSEE, FL	<b>∃</b> .	.==
mmarino@bigarrowgroup.com			NSS!	7 Pt	T
E-mail address: (to be used for future a	nnual report noti	fication)	m.,	: 1	
For further information concerning this matter	er, please call:		100 mg	သ	
Michael Marino	917 at (	859-6525			
Name of Person		Area Code & Daytime Telepho	ne Numbe	er	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810		
Enclosed is a check for the following	ng amount:				
S25 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.

(a)	1961 Forum Place Suite B #322	(	b) 1961 Forus	m Place Suite B #322	
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)	
	West Palm Beach		West Palm	Beach	
	FL, 33401	. =	FL. 33401		
	04/02/2024		L240001574	92	
	Date of filing/registration in Florida	4.		Document number	
(a)	MICHAEL MARINO				
(4)	Registered Agent and Registered Office shown on the record.	of the Florid	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
	34 GLENCAIRN ROAD				
	34 GLENCAIRN ROAD			_	
	34 GLENCAIRN ROAD  Registered Office Address	ET ADDRES			
	<u> </u>		S.S <sub>J</sub>	2024 OCT	<b>"</b> \[
(b)	Registered Office Address	FL_33418	<u> </u>	2024 OCT -7 STALLAHAS	V
(b)	Registered Office Address	FL_33418	<u> </u>	2024 OCT -7 PM	
(b)	Registered Office Address	FL_33418	<u> </u>	2024 OCT -7 PH I2: 33	
(b)	PALM BEACH GARDENS  MICHAEL MARINO  Enter name of NEW Registered Agent and/or NEW Register	FL_33418	<u> </u>	2024 OCT -7 PH I2: 33  STALLAHASSEE, FL	
(b)	PALM BEACH GARDENS  MICHAEL MARINO  Enter name of NEW Registered Agent and/or NEW Registered 1961 Forum Place	FL_33418	<u> </u>	2024 OCT -7 PH I2: 33  STALLAHASSEE, FL	

Michael Marino, CEO Printed or typed name of signee Signature of a member or authorized representative of a member

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 obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent