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(City/State/Zip/Phone #)	03/09/1801026015 **25.00					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	THU WAR -9 PH I2: 4					
Special Instructions to Filing Officer:						
Office Use Only	MAR 1 2 MIN J. HARRIS					

## **COVER LETTER**

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TO: Registration Section Division of Corporations

## HHS Technology Group, LLC 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:

Sherry Amspacher

Name of Person

Harbor Compliance

Firm/Company

48-50 W. Chestnut Street, Suite 300

Address

Lancaster, PA 17603

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

at (

For further information concerning this matter, please call:

Harbor Compliance
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Name of Person

717-723-9317

Area Code & Daytime Telephone Number

## **STREET/COURIER ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following 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.

N	ame of the limited liability company: HHS Te	chnolog	y Group	, LLC				
(a)	6600 N Andrews Avenue		(b)		•			
(-)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	iny:	(-)	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Ste 570		'					
	Ft. Lauderdale, FL 33309							
	08/17/2017		M1	70000	07124			
	Date of filing/registration in Florida		4.		Document num	ber		
(a)								
(4)	Registered Agent and Registered Office shown on the rece	ords of the	Florida Dept	t. of State	::			
	Corporation Service Company							
	Registered Office Address (MUST BE FLORIDA ST	REET ADL	RESS)					
	1201 Hays Street					~**		
	Tallahassee	32	301-252			A	102	
		, FL <u>~~</u>					HAR	-
							50	الثينية أحصول
(b) <sub>.</sub>	Enter name of NEW Registered Agent and/or NEW Reg	dstered Off	ice address:			<u> </u>	ý.	
							PH	
	REGISTERED AGENTS INC.					0	মৃ	ξ,
	NEW Registered Office Address:					<b>2</b> 1	5	
	3030 N. Rocky Point Drive, STE 150A	<u> </u>				· · · · ·		
	Tampa	, FL 33	3607					
ie li	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limit	ress of the	registered	d office	and the busines	s office of the	ne regis	tered
cha nt v			- "	1	company or as	otherwise p	rovided	in
nt v Vwe	ere authorized by an affirmative vote of the mem	bers of th of the lim	e limited l	ity com	nany	P		
nt v /we arti	the authorized by an affirmative vote of the mem cles of organization or the operating agreement of Bubles = 4  the formula	ibers of th of the lim	e fimited i ited liabili Bradley	ity com	pany.	P		

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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre/Assistant Secretary Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00