

M19000001888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

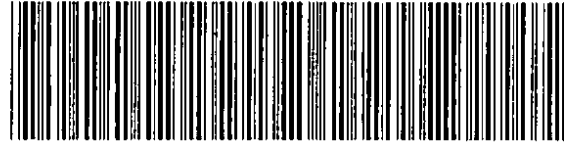
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUL 13 PM 12:30



LAW OFFICES OF  
**JOHN J MCGLYNN III**  
BUSINESS • TAX • REAL ESTATE

729 SW Federal Highway, Suite 102  
Stuart, Florida 34994  
(772) 600.5115  
SouthFLLawFirm.com

July 11, 2023

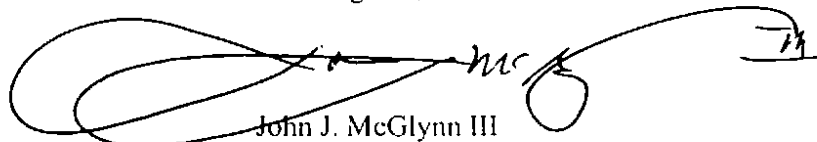
Florida Department of State  
Division of Corporations  
Fictitious Name Registration  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Hudson Global Scholars, LLC

Dear Corporate Representative:

Enclosed please find an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Hudson Global Scholars, LLC along with the appropriate fees for your processing. Please contact my office with any questions or concerns.

Best Regards,



John J. McGlynn III

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hudson Global Scholars, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. McGlynn, III

Name of Person

Law Offices of John J. McGlynn, III

Firm/Company

729 S.W. Federal Highway, Suite 200

Address

Stuart, Florida 34994

City/State and Zip Code

jmcglynn@southflawfirm.com

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

For further information concerning this matter, please call:

John J. McGlynn, III

Name of Person

at ( 772 ) 600-5115

Area Code & Daytime Telephone Number

**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, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hudson Global Scholars, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

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2. The Florida document number of this limited liability company is: 119000001888

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: \_\_\_\_\_

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	Brett Lundeen	7151 Columbia Gateway Drive, Suite C	<input type="checkbox"/> Add
		Columbia, Maryland 21046	<input checked="" type="checkbox"/> Remove
COO	Jonathan Stowe	7151 Columbia Gateway Drive, Suite C	<input checked="" type="checkbox"/> Add
		Columbia, Maryland 21046	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

John J. McGlynn, III

Typed or printed name of signee

**Filing Fee: \$25.00**