## MZICCCOISCI

(Requestor's Name)					
(Address)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJI	HERA TECHNOLOGIES (FLORIDA), LLC	
	Name of Lim	ited Liability Company
Dear S	Sir or Madam:	
The en	aclosed Registered Agent/Registered Office Chang	ge and fcc(s) are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
EUGE	NE CHEUK	
	Name of Person	
HERA	COMPANIES, LLC	
	Firm/Company	<del></del>
1590 S	MILLIKEN AVE. UNIT D	
	Address	<del></del>
ONTA	RIO, CA 91761	
	City/State and Zip Code	<del></del>
EUGE	NE@HERATECHNOLOGIES.COM	
	E-mail address: (to be used for future annual repor	t notification)
For fu	rther information concerning this matter, please ca	all:
EUGE	NE CHEUK 90	9 321-2001 EXT 105
	Name of Person	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

■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: HERA TECHNO	LOGIES	(FLORIDA)	LLC
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)
	350 IMPERIAL BLVD		1590 S MI	ILLIKEN AVE, UNIT D
	CAPE CANAVERAL, FL 32920		ONTARIO	D. CA 91761
	2/5/2021		M21000001	501
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a)				
J. (u.	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC	the Florid	ia Dept. of Stat	ic:
	Registered Office Address (MUST BE FLORIDA STREET) 115 NORTH CALHOUN STREET, SUITE 4	ADDRES	<u>(S)</u>	_
	TALLAHASSEE, FI	32301 L		_
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	7621 O TO
	EUGENE CHEUK			
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
	350 IMPERIAL BLVD			2: <b>45</b> 2: <b>45</b>
	CAPE CANAVERAL, F	L		_
chang agent was/w the art Sign:  I heroprovis the obto mer	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member of authorized representative of a member who accept the appointment as registered agent and agriculations of all statutes relative to the proper and complete digations of my position as registered agent as provided by the proper and complete the proper and c	e registe iability cof the line imited	red office an ompany, it is nited liability cores GENE CHEU	ad the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  JK  Printed or typed name of signee  procity. I further agree to comply with the