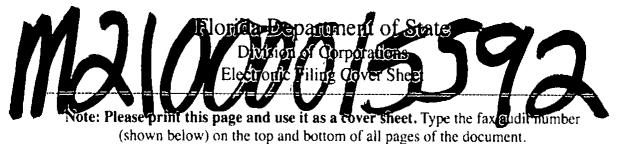
Division of Corporations



(((H24000167988 3)))



H240001679883ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARVEY LAW GROUP, LLC

> Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

> > T. LEMIEUX

MAY 0 9 2024 Help

Electronic Filing Menu Corporate Filing Menu

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

" SECTION	v i (1-4 must be completed)		•
. Name of limited liability Company as it appear	s on the records of the Florida Department	of	
State: Harvey Law Group, 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)			
		·	2324 13.7
2. The Florida document number of this limited lia	ability company is: M21000015592		
			c _. 5
3. Jurisdiction of its organization: Hong Kong			
Date authorized to do business in Florida: 11/1	19/2021	: ' '	F.; 12: J4:0
SECTION II (5-9 complete only the applicable of	changes)	<u>-</u> ,	01
5. New name of the limited liability company:(must	t contain "Limited Liability Company," "L	L.C.," or "L	
If name unavailable, enter alternate name adopted topy of the written consent of the managers or mainust contain "Limited Liability Company," "L.L.C.	naging members adopting the alternate nan		
o. If amending the registered agent and/or registere egistered agent and/or the new registered office ac		name of the n	<u>ew</u>
Name of New Registered Agent:			
New Registered Office Address:		,	
	Enter Florida Street Ado	iress	
	, Florid City	la Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:	·	
hereby accept the appointment as registered ager he provisions of all statutes relative to the proper	nt and agree to act in this capacity. I furthe and complete performance of my duties, ar	r agree to con ad I am familio	nply wii ar with

th 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.

itle/ Capacity	Name	Address	Type of Actio
1BR	BASTIEN TRELCAT	1395 BRICKELL AVENUE, STE 909	□Add
		MIAMI, FL 33131	Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
		- Marie Company Compan	□Remo
			□Add
	a certificate, if required: no more the	han 90 days old, evidencing the ated by the official having custody of records in the	□Remo

Typed or printed name of signee