P190000 42791

(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone #)	
(Oil	y/State/Zip/i Holic #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	-
	ocument Number)	
(50	editient (valuet)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
	3	





700337431577

11/27/18--01014 --023 - **35.00

SECRE LANGUED DE SECRETATION

RA Change

JAN 1 0 2020 D CUEHING

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: HS MANUFACTURING GROUP CORPOR	ATION
Name of Corporation	
DOCUMENT NUMBER: P19000042791	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
LUCY LEE	
Name of Contact Person	
HS MANUFACTURING GROUP CORPORATION	
Firm/Company	
9100 CONROY WINDERMERE ROAD, SUITE 200	
Address	
WINDERMERE, FL 34786	
City/State and Zip Code	
LLEE@HSMGRP.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
LUCY LEE	, 202 \802-7742 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name of Contact Person	at (202) 802-7742 35 Area Code & Daytime Telephone Number 3
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enclosed is a \$35.00 check made payable to the Depart	rtment of State.
	<u> </u>
BECTION A BELLEVIA	Street Address:
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this poration organized under the laws of the State of FLORIDA office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HS MAN	
2. The principal office address: 9100 CON	ROY WINDERMERE ROAD, SUITE 200, WINDERMERE, FL 34786
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/	23/2019 Document number: P19000042791
5. The name and street address of the curr Florida Department of State: (If resigne	ent registered agent and registered office on file with the ed, enter resigned)
GREENBERG TRAURIO	G, P.A.
450 S. ORANGE AVENU	JE, SUITE 650
ORLANDO, FL 32801	
(if changed):	registered agent (if changed) and /or registered office
LUCY LEE	
9100 CONROY WINDER	P.O. Box NOT acceptable
WINDERMERE, FL 347	P.O. Box NOT acceptable
The street address of its registered office as changed will be identical.	e and the street address of the business office of its registered agent.
Such change was authorized by resolution authorized by the board, or the corporation of t	on duly adopted by its board of directors or by an officer so on has been notified in writing of the change.
Michael A. Bilodian	Michael Bilodeau Chief Executive Officer 7
of my dulies, and I am familiar with and	Printed or typed name and title stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the of this change.
Jan Jan	11/22/2019
Signature of Registered Agent If signing on behalf of an entity: Typed or Printed Name	Date

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *