L19000107570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600336714906

11/18/19--01009--003 **25.00

FILED
2020 JAN -9 PM 2:10
SEC
TALL

Y SULKER
JAN 10 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2019

IT GROUP SOLUTIONS LLC
10850 NW 2ND ST APT 204
MIAMI, FL 33172

SUBJECT: IT GROUP SOLUTIONS LLC
Ref. Number: L19000107570

We have received your document for IT GROUP SOLUTIONS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New Registered Agent section can not be blank.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00026103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT GROUP SOLUTIONS LLC
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

DAIKEL RAMOS
Name of Person

Firm/Company

1325 SW 107 AVE SUITE B
Address

MIAMI FLORIDA 33174
City/State and Zip Code

itgroupmiami@gmail com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

DAIKEL RAMOS at (305) 676-9586
Name of Person 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 (2-94)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0211 or 605.0212, 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. Name of the limited liability company: IT GROUP SOLUTIONS LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
1325 SW 107 AVE SUITE B
MIAMI FLORIDA 33174

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
1325 SW 107 AVE SUITE B
MIAMI FLORIDA 33174

3. 04/19/2019 Date of filing registration in Florida

4. L19000107570 # Document number

5. (a) DAIKEL RAMOS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
10850 NW 2ND STREET APT 204 MIAMI FL 33172
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Office Address
1325 SW 107 AVE SUITE B
MIAMI 33174

FILED
2020 JAN -9 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

DAIKEL RAMOS
Printed or typed name of signee

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.

Signature of Registered Agent

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

(SHST812 (1))