

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M1900004091

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SPI AGENT SOLUTIONS, INC.
Account Number : I20230000143
Phone : (888)314-3998
Fax Number : (518)514-1288

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
CVP OPERATIONS FL LLC

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

RECEIVED
2023 OCT 11 AM 9:52
DIVISION OF CORPORATIONS
FLORIDA

APPROVED
AND
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2023 OCT 11 PM 12:49
DIVISION OF CORPORATIONS
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVP OPERATIONS FL, 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

Joe DiGaetano
Name of Person

SPI Agent Solutions, Inc.
Firm Company

524 S 2nd St Ste 505
Address

Springfield IL 62201
City/State and Zip Code

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

For further information concerning this matter, please call

Joe DiGaetano 512 309-1153
Name of Person at () 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
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Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: <u>CVP OPERATIONS F.L.L.C.</u>	
2. (a) <u>1801 MARKET STREET, STE 1300</u> Principal office address of limited liability company (Note: <u>MUST BE STREET ADDRESS</u>) <u>PHILADELPHIA, PA 19103</u>	(b) <u>1801 MARKET STREET, STE 1300</u> Mailing address of limited liability company (Note: <u>MAY BE POST OFFICE BOX</u>) <u>PHILADELPHIA, PA 19103</u>
<u>04/23/2019</u>	<u>M19000004091</u>
3. <u>UNIVERSAL REGISTERED AGENTS, INC</u> Date of filing/registration in Florida	4. <u>Document number</u>
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State</u> <u>Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)</u> <u>1317 CALIFORNIA ST.</u> <u>TALLAHASSEE, FL 32304</u>	
(b) <u>SPI AGENT SOLUTIONS, INC.</u> <u>Enter name of NEW Registered Agent and/or NEW Registered Office address</u> <u>NEW Registered Office Address:</u> <u>1540 GLENWAY DR</u> <u>TALLAHASSEE, FL 32301</u>	

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF 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.


/s/ Christopher Laden

Christopher Laden

Signature of a member or authorized representative of a member

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

Lindsay Gates President SPI Agent Solutions, Inc.