

M19000007298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

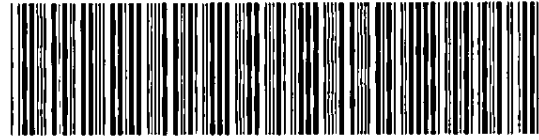
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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DEPT. OF STATE  
TALLAHASSEE, FL  
MAY 13 8 44 AM '08

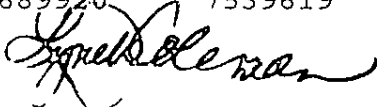


MAY 13 2 06 PM '08

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 689920 7539619

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : March 3, 2021

ORDER TIME : 11:08 AM

ORDER NO. : 689920-045

CUSTOMER NO: 7539619  
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CHANGE OF AGENT

NAME: SIP.US LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**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: SIP.US LLC

2. (a) 3005 Royal Blvd S. Ste 120, Alpharetta, GA 30022  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) 3005 Royal Blvd S. Ste 120, Alpharetta, GA 30022  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3. 07/22/2019 Date of filing/registration in Florida

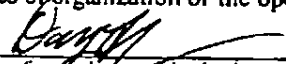
4. M19000007298 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Incorp Services, Inc.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
17888 67th Court North  
Loxahatchee, FL 33470

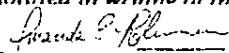
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

2021 JUL 28 AM 8:44  
 DEPT OF STATE  
 TALLAHASSEE, FL  
 FILED

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.

 Douglas Fechter  
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