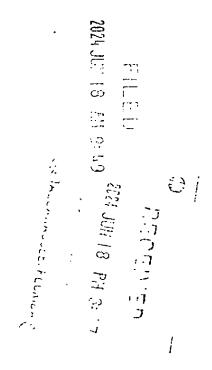
## M2400000148

(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:					
J. HORNE JUN 19 2024					

Office Use Only



300430639543





To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 06/18/24 Order #: 1539833-1

Re: Miami Tribal Systems Integrators, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

auth

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

TO: Registration Section Division of Corporations Miami Tribal Systems Integrators, LLC SUBJECT: 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: Mika Leonard Name of Person Miami Tribal Systems Integrators, LLC Firm/Company 1950 Roland Clarke Place Suite 210 Address Reston, VA 20191 City/State and Zip Code mleonard@mn-e.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mika Leonard 513 4613166 Name of Person Area Code & Davtime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

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

Pursyant 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.

2. (a)	700 Fountain Lakes Blvd	700 Fountain Lakes Blvd		
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(1)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Suite A		Suite A	
	St. Charles, MO 63301		St. Charle	es, MO 63301
	5/28/2024		M2400000	6748
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	e:
	Registered Agents Inc			
	Registered Office Address (MUST BE FLORIDA STREE	_		
	7901 4th Street N Suite 300			
	St. Petersburg	33702		
	St. Petersburg F	L		2024
(b)				
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	iress:	0024 JCT 18
	Corporation Sandas Company			
	Corporation Service Company			
	NEW Registered Office Address:			51 C0
	1201 Hays Street			-
	Tallahassee I-	32301		
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members icles of organization or the operating agreement of the wild by accept the appointment as registered agent and against of all statutes relative to the proper and complete ignious of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.	e registere iability cor of the lim e limited li Mika	d office and appany, it is ited liability com ability com Leonard	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Printed or typed name of signee business of the printed or typed name of signee.

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

INH\$18 (2/14)

Signature of Registered Agent