42200001197

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
		;	

Office Use Only



900372925229

LALLAHASSEE, FL

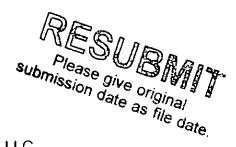
Y SULKER 155 01 2022



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2022

CSC



SUBJECT: ALLIED UNIVERSAL TECHNOLOGY SERVICES, LLC

Ref. Number: F19000005195

We have received your document for ALLIED UNIVERSAL TECHNOLOGY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA CORPORATION. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons Regulatory Specialist II Supervisor Letter Number: 322A00001368

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 342516 156084A AUTHORIZATION COST LIMIT : ORDER DATE: December 21, 2021 ORDER TIME : 10:45 AM ORDER NO. : 342516-003 CUSTOMER NO: 156084A CHANGE OF AGENT NAME: ADVENT SYSTEMS, LLC DBA: ALLIED UNIVERSAL TECHNOLOGY SERVICES PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

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. i	Name of the limited liability company: ALLIED UNIVE	ERSAL TECHNOLOGY SERVICES, LLC	
2. (a	14900 LANDMARK BLVD.	(b) 14900 LANDMARK BLVD.	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 350	SUITE 350	
	DALLAS, TX 75254	DALLAS, TX 75254	
	11/15/2019	M22000001197	
3.	Date of filing/registration in Florida	4. Document number	
5. (CT CORPORATION SYSTEM		
J. (Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	PLANTATION F	33324	
/ L	A	THE STATE OF THE S	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	
		AM 10: 55	
	Corporation Service Company	- FE	
	NEW Registered Office Address:	TE 35	
	1201 Hays Street		
	Tallahassee F	FL 32301	
changagent was/ the a	ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the State of Florida, it is hereby confirmed that after the ne registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) sof the limited liability company or as otherwise provided in the limited liability company.	
	nature of a member or authorized representative of a member	Jill Cilmi, Authorized Person	
		Printed or typed name of signee	
provi the o to me	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	
	Drace Z-Kubly		
	ture of Registered Agent		

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

INHS18 (2/14)