# B1800000042

	(Requestor's Name)
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DATE:

08/21/2023

NAME:

RELIABILITY SOLUTIONS TRAINING FL LP

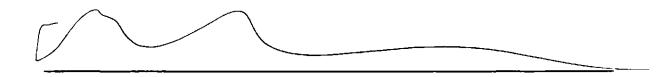
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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: RELIABILITY SOLUTIONS T	RAINING FL LP		
	rship or Limited Liability Limited Partnership		
DOCUMENT NUMBER:	2		
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered Office and/or Registered Agent and		
Please return all correspondence concer-	ning this matter to:		
Ryan Vang			
Contact Person			
Paracorp Incorporated			
Firm/Company			
2804 Gateway Oaks STE 100			
Address	<del></del>		
Sacramento, CA 95833			
City, State and Zip Code			
рагасогр@турагасогр.com			
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this	matter, please call:		
Ryan Vang	at (916 ) 576-7024 Ext. 6144		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payabl	e to the Florida Department of State.		
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		
	Tailahassee, FL 32303		

# LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

cumike up rekisieri	on ource or registered agent,	or bom, in the state of	N Flutical		
1. RELIABI	LITY SOLUTIO	NS TRAININ	NG FL L	P	
N	ame of Limited Partnership or	Limited Liability Limit	ed Partnership		
2.02/16/201	02/16/2018 <sub>3.</sub> B1800000		0000004	12	
Date of filin			orida document	number	
4. The name of the a	egistered agent and the register	red office address as abo	own on the reco	ords of the Flo	orida
	REBECCA G H	IALL			
	153 HIGHWAY	Yame 7 97 Suite B			
	Molino, FL 325	ddress			
		tate and Zip	<del></del>		
5. The name and Flo	orida street address of the new r	egistered agent and/or o	office:	<del>_</del> -	21
	Paracorp Incorp	orated		TALLAHASSEE	]23 A
	}	Vanne	<del></del>	꽃(	AUG
	155 Office Plaza	a Drive, 1st F	loor	SS:	AUG 21 AH S
	Florida street address	(P.O. Box not acceptable	le)	in C	≥ 1
	Tallahassee	<sub>FL</sub> 32	301	FLORIDA	AH 9: 32
	City, St	ate and Zip		2) i c	3 <u>2</u>
6. Such change(s) is	are effective when filed by the	Florida Department of	State.	>	
Signature of General	Partner	_			
comply with the prov	ppointment as registered agent isions of all statutes relative to th an accept the obligations of t	the proper and complet	te performance	rther agree to of my duties,	<b>,</b>
PLEASE SEE AT					
Signature of Register	ed Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50

### STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 08/17/2023

ENTITY NAME: RELIABILITY SOLUTIONS TRAINING FL LP

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated