Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001737893)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSH ROSS, P.A.

Account Number : I19990000150

Fax Number

: (813)224-9255 : (813)223-9620 Celeste Perrino (999999-99999)

REGISTERED AGENT CHANGE

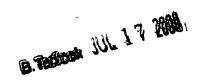
WKINSTHURMAN TECHNOLOGY SOLUTIONS, LLC

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(((H08000173789 3)))

COVER LETTER

To: Registration Section Division of Corporations	
SUBJECT: Hawkinsthurman Tech (Name of Limit	mology Solutions, LLC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Celeste Perrino	·
(Name of Person)	
Durk Dage To A	•
Bush Ross, P.A. (Firm/Company)	
,	
1801 North Highland Avenue	
(Address)	
Tampa, Florida 33602	
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter	er plants call:
For further imorniation concerning this man	er, prease can.
Celeste Perrino	at (<u>813</u>) <u>204-6425</u>
(Name of Contact Person)	(Area Code& Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
2661 Executive Center Circle	P.O. Box 6327
Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following	ig amount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
The second second	•
(((H08000173789 3)))	

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

Pursuant to the provisions of sections 608.416 or 617.508, 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. The name o	f the limited liability company is: _	Hawkinsthurman Technology Solutions, LLC	
2. The mailing St. Petersburg.	address of the limited liability com FL 33716	apany is: 924 Addison Dr., NE	
10/25/	2004	L04000077458	
3. Date of filli	ng/registration if Florida	4. Document number	
4. The name of Department	f the registered agent and the registe of State:	ered office address as shown on the records of the Flo	ထ
;	Mark A. Basurto 220 S. Franklin Street Fampa, FL 33602		JUL 16 A
6. The name	and address of the new registered ag	gent and/or office:	AH 8:
	Bush Ross Registered A	Agent Services, LLC Name	59
	1801 North Highland A Florida street addre	ss (P.O. Box NOT acceptable)	
	Tampa, Florida 33602 City	y, State and Zip	
that after the coffice of the r hereby confirm liability comp- limited liability	change or changes are made, the Floregistered agent will be identical. The change (s) was/were authors or as otherwise provided in the	inder the laws of the State of Florida, it is hereby co- orida street address of the registered office and the to Or, in the case of a Florida limited liability compa- thorized by an affirmative vote of the members of the e articles of organization or the operating agreement openation.	ny, it is limited
(Printed or typed	,	nt and agree to act in this capacity. I further agree to	. sammlı
with the provi familiar with a Of, if this doct that the corpor	sions of all statutes relative to the and accept the obligation of my posi	proper and complete performance of my duties, as tion as registered agent as provided for in Chapter 60 It a change in the registered office address, I hereby	nd I com 08, F.S
(((H08000173		P.O. Box 6327, Tallahassee, FL 32314 NG FEE: \$25.00	
444			