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.

(((H25000046822 3)))



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To:

Division of Corporations

Fax Number : (\$50)617-6383

from:

Account Name : INCORP SERVICES INC

Account Number: 1201:20000007 Phone : (702)866-2500 Fax Number : (702)900-2290

\*\*Enter the amoit address for this business entity to be used for luture annual report mailings. Enter only one email address please.\*\*

Email Address:\_documents@incorp.com

## LLC REGISTERED AGENT CHANGE REALTIME IT, LLC

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#### COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: REALTIME IT, LLC	-in-At IA No. Comment				
Name of Limited Liability Company					
Dear Sir or Madain:					
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Kathy Shin					
Name of Person	**************************************				
InCorp Services, Inc.					
Firm/Company					
9107 West Russell Road, Suite 100					
Address					
Las Vegas, NV 89148-1233					
City/State and Zip Code					
documents@incorp.com					
E-mail address: (to be used for future annual repr	ort notification)				
For further information concerning this matter, please	call:				
InCorp Services, Inc. / Kathy Shin at (	800 <sub>\ 246-2677</sub>				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amoun	<b>:</b>				
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)	H25000046822 3				

# H2500046822 3 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.

	une of the limited liability company: REALTIME IT, L		
2. (a)	4111 Metric Drive, WINTER PARK, FL 32792	letric Drive, WINTER PARK, FL 32792	
w. (=)	Principal office address of limited frability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company.  (Note: MAY BE POST OFFICE BOX)
	12/20/2007	1.0700013	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DAY, DONALD L		_
	Registered Agent and Registered Office shown on the records of the	Florida Dept. of Sta	te
	4111 Metric Drive		
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>DRESS)</u>	
	WINTER PARK	32792	<del></del> 
(b)	InCorp Services, Inc.		_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	mice andress	
	3458 Lakeshore Drive		262
	NEW Registered Office Address.		2025 FEB
			<u></u>
			— c',
	Tallahassee FL.	32312	<u> </u>
			_ 
the cha agent v was/we	imited liability company is not organized under the laws age or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the line	e registered offic ility company, it he limited liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	<u></u>	LeAnn Crane	
	nee of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to incre	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided fifty reflect a change in the registered office address. I he is a writing of this change.	rformunce of my or in Chapter 60 reby confirm that	clities, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

FILING FEE: \$25.00

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Signature of Registered Agent