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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

*Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
an	nual	report	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

LLC REGISTERED AGENT CHANGE AGENCYTHE, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

K. SALY

SEP - 1 2023

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	AgencyTHE, LLC		
		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered	Office Change ar	id fee(s) are submitted for filing.
Please retu	rn all correspondence concernin	g this matter to th	e following:
Mary Casti	ilo		
	Name of Person		
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate C	Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin, TX	78735		
	City/State and Zip Co	de	
E-ma	il address: (to be used for future	annual report not	ification)
For further	information concerning this ma	tter, please call:	
Mary Castil	lto	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ving amount:	
0	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/	14)		

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.

(a)	me of the limited liability company: AgencyTHE, L1 5025 S. Orange		(b) 5025 S. Orange	
,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability comp (Nate: MAY BE POST OFFICE BO	-
	SUITE 202		SUITE 202	
	ORLANDO, FL 32809		ORLANDO, FL 32809	
	4/5/2012		1.12000047256	
	Date of filing/registration in Florida	— 4.	Document number	
(a)	SCALA, DANIEL E			
()	Registered Agent and Registered Office shown on the records of 4976 FAYANN ST.	f the Florid		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SS) ALLAHAS JI V. D.A. addrew:	-[
	ORLANDO, FL. , F	L_32812	3 29	
(b)	Registered Agent Solutions, Inc.		address:	,
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	address:	
	2894 Remington Green Ln.		<u> </u>	
	NEW Registered Office Address:			
	Ste. A			
		L_32308		

Daniel E Scala	Daniel E Scala	Manager
Signature of a member or authorized representative of a member	Prin	ted or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst, Secretary
Signature of Registered Agent