

L120000080491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

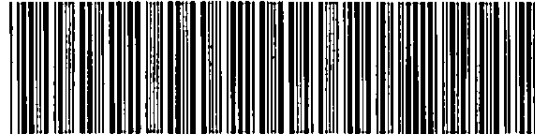
(Business Entity Name)

(Document Number)

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17 DEC 24 PM 2:19
CLERK OF COURT
TALLAHASSEE, FLORIDA

O SIMMONS

DEC 21 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2017

MICHAEL MCENTEE
11999 AUTUMN FERN LN
ORLANDO, FL 32827

SUBJECT: PROCUREMENT NETWORK SOLUTIONS, LLC
Ref. Number: L12000080491

We have received your document for PROCUREMENT NETWORK SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00024391

2017 DEC 20 PM 4:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Procurement Network Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael E. McEntee

Name of Person

Procurement Network Solutions, LLC

Firm/Company

11999 Autumn Fern Ln

Address

Orlando, FL 32827

City/State and Zip Code

mmcentee1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. McEntee at (407) 252-3279
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

NO \$

2017 DEC - 1 AM 11: 44
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Procurement Network Solutions, LLC

2. (a) Michael E. McEntee (b) Michael E. McEntee

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

11999 Autumn Fern Ln

PO BOX 4659

Orlando, FL 32827

Winter Park, FL 32793

06/15/2012

L12000080491

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael E. McEntee

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2632 Canterclub Trail

Apopka, FL 32712

(b)

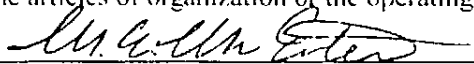
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

11999 Autumn Fern Ln

Orlando, FL 32827

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

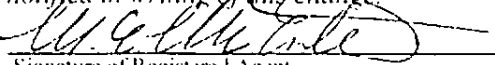


Signature of a member or authorized representative of a member

Michael E. McEntee

Printed 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.



Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00