

L13000117119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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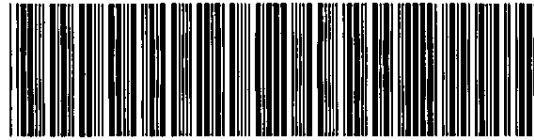
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL 16 PM 4:01

LLC RA/20 Change

JUL 17 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCKINNEY TECH SOLUTIONS, LLC
Name of Corporation

DOCUMENT NUMBER: L13000117119

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRWIN I. SKOLLER

Name of Contact Person

IRWIN I SKOLLER ACCT & TAX CONSULTANT

Firm/Company

1375 GATEWAY BLVD SUITE 43

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

irwintaxman@aol.com

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

For further information concerning this matter, please call:

IRWIN I. SKOLLER at (561) 767-2030
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

IRWIN I SKOLLER
1375 GATEWAY BLVD STE 43
BOYNTON BEACH, FL 33426

SUBJECT: MCKINNEY TECH SOLUTIONS, LLC
Ref. Number: L13000117119

We have received your document for MCKINNEY TECH SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form. Please complete the Statement of change of registered agent/office for a Florida Limited Liability Company.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00012496

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: McKINNEY TECH SOLUTIONS, LLC
2. (a) 7715 VILLA NOVA DRIVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
BOCA RATON, FL 33433
- (b) 7715 VILLA NOVA DRIVE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
BOCA RATON, FL 33433
3. 08/19/2013
Date of filing/registration in Florida
4. L13000117119
Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAKS COURT, SUITE
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
TAMPA, FL 33612
- (b) IRWIN I SKOLLER
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
1375 GATEWAY BLVD SUITE 43
BOYNTON BEACH, FL 33426

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.

Erin McKinney
Signature of a member or authorized representative of a member

ERIN MCKINNEY, MANAGING MEMBER
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.

Irwin Skoller
Signature of Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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