12/28/22, 2,43 PM Division of Contentions



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(((H22000435784 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

TO:	Registration Section Division of Corporations	H22000435784 3
SIRI	ECT:	TS Systems, LLC
50190		Limited Liability Company
Dear S	Sir or Madain:	
The e	iclosed Registered Agent/Registered Office C	Change and feets) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	Georgia Dorsam	
***************************************	Name of Person	······································
	InCorp Services, Inc.	
•	Firm/Company	
	3773 Howard Hughes Pkwy. Suite 50	00S
******	Address	······································
	Las Vegas, NV 89169-6014	
***************************************	City/State and Zip Code	
	documents@incorp.com	
	E-mail address: (to be used for future annual r	eport notification)
For fu	rther information concerning this matter, plea	se call:
Georg	ia Dorsam on behalf of InCorp Services Inc.	
	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 amo	ount:
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS1	8 (2/14)	H22000435784 3

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

H22000435784 3

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) 💆	36 Tupelo Ave SE		the 36 Tup	pelo Ave SE
	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)	ny:	\ \ \ \ <u> </u>	Mailing address of limited liability company: tNate: MAY <u>REPOST OFFICE BOX</u>)
		***************************************	Suite A	
	Fort Walton Beach, FL 32578		Fon Wa	alton Beach, Ft. 32548
ţ	01/08/2014		L14000	003876
-	Date of filing/registration in Florida		·1.	Document number
(a)	Eggers, Thomas Scott, Director			
	Registered Agent and Registered Office shown on the reco	ords of the l	rlarida Dept. of S	itale;
	36 Tupelo Ave SE			
	Registered Office Address (MUST BE FLORIDA ST)	<u>REET ADE</u>	<u>(RESS)</u>	
	Fort Walton Beach	FL	32548	2022 DEC 29
(b) [InCorp Services, Inc.			
. –	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Off	ice address:	29 Z
	17888 67th Court North			
:	NEW Registered Office Address:			
	Loxahatchee		33470	

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 deties, 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Isabel Burgos on behalf of InCorp Services, Inc.

Signature of Registered Agent