L14000097468

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OEC is 2021

Office Use Only



400377654314

19/13/31--01012--027 **25.00

FILED
2021 DEC 13 PH 1: 12
SECRETARY OF SIGN

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: MSC CONSULTING SERVICES 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:	
Snarice Macall Name of Person	
MSC CONSULTING SCYVICES Firm/Company	
1010 Fast Adams St. Suite 103	
JACKSONVILL, FL 37702 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sharice Mi(all at (and b) Swo with To Area Code & Daytime Telephone Num	ıber
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount:	
\$\frac{1}{25}\$ 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.

2. (a)		(h)			
	Principal office address of limited liability company, (Note: MUST BE STREET ADDRESS)		Mailing address of limited lia	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	1010 E. Adams Street, Suite 103				
	Jacksonville, FL 32202				
	6/18/2014	L1400)OU97468		
3.	Date of filing/registration in Florida	4,	Document number	- 	
5. (a)	Designational Agents of Project Advisor Land				
». (")	Registered Agent and Registered Office shown on the record Sharice McCail	Is of the Florida Dept.	of State:		
	Registered Office Address	VET ADDRESS			
	1010 h. Adams Street, Suite 103				
	Jacksonville				
		. FL		% S	
(b)				EC/	
(,	Enter name of NEW Registered Agent and or NEW Regist	tered Office address:		##)EC	
	Donley Law Firm			2021 DEC 13 PM 1: 12 SECRETARY OF STAN	
	NEW Registered Office Address:				
	1700 Wells Road, Suite 27		; :		
					
	Orange Park	, FL 32073			
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite cre authorized by an affirmative vote of the membricles of organization or the operating agreement of	e laws of the State I the registered off ed liability compar ers of the limited l	of Florida, it is hereby confir ice and the business office of ay, it is hereby confirmed that inhility company or as otherw	the registered the change(s)	
<u> </u>	C MEC SC	Sharice M			
	ture of a member or authorized representative of a member		Printed or typed name of si		
I here provis the ob- to nigr	by accept the appointment as registered ugent and in a registered ugent and complified to the proper und complifications of my position as registered agent as proved y reflect a change in the registered office address differentially of the change.	i agree to act in the dete performance ovided for in Chapt ss, I hereby confirm	is capacity. I finther agree to of my duties, and I am familia er 605, F.S. Or, if this docum 1 that the limited liability com	comply with the r with and accept tent is being filed pany has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

. . . .