

# L15000033083

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

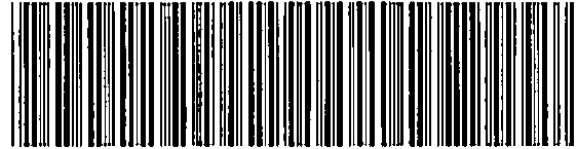
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
JUL 27 12 31 PM '13

JUL 11 2013  
T. LEVIEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cyberpeak 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:

Travis Abrams

\_\_\_\_\_  
Name of Person

Cyberpeak Solutions LLC

\_\_\_\_\_  
Firm/Company

235 Brandon Blvd, Suite 199

\_\_\_\_\_  
Address

Brandon FL 33511

\_\_\_\_\_  
City/State and Zip Code

travis.abrams@cyberpeak.net

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

For further information concerning this matter, please call:

Travis Abrams

at ( 813 )

7168996

\_\_\_\_\_  
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

# 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 Florida.

1. Name of the limited liability company: Cyberpeak Solutions LLC

2. (a) 235 Brandon Blvd Suite 199 (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Brandon FL

33511

02/23/2015

L15000033083

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Travis Abrams

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

641 chesney dr

Valrico, FL 33594

(b) Travis Abrams

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

**NEW** Registered Office Address:

235 Brandon Blvd, Suite 199

Brandon, FL 33511

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 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.

Travis Abrams  
Signature of a member or authorized representative of a member

Travis Abrams  
Printed or typed name of signer

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 understand 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.

Travis Abrams  
Signature of Registered Agent