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Office Use Only



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2023 JUL -5 ETIO: 23

2020 JUL -5 PM 3:20

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195					
REFERENCE	: 854291 7607939	202				
AUTHORIZATION	Sould ble a an	بر ب				
COST LIMIT	: \$ 25.00	2023 JUL -5				
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ORDER DATE : July 5, 2023		1:: 10: 23				
ORDER TIME : 2:16 PM		သြ				
ORDER NO. : 854291-007						
CUSTOMER NO: 7607939						
CHANGE OF AGENT						
NAME: LITIGATION SET	RVICES AND OF FLORIDA, LLC					
	,					
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING.					
	TROOF OF FEBRUS.					
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker	EXT#					
	EXAMINER:					

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. N	ame of the limited liability company:	LITIGATION SEF	RVICES	S AND TEC	HNOLOGIES OF FLO	ORIDA, LLC	
2. (a)	3960 HOWARD HUGHES PARKWA		t'	3960 HC	WARD HUGHES PA	ARKWAY SUITE 700	
<i>2.</i> (u)	Principal office address of limited liai (Note: MUST BE STREET A)		_ `	·)	Mailing address of limite (Note: MAY BE POS		
	LAS VEGAS, NV 89169			LAS VEC	GAS, NV 89169		
	05/01/2015		_	L1500007	7543		
3. 5. (a	Date of filing/registration in PARACORP INCORPORATED	Florida	4.		Document number		
J. (a	Registered Agent and Registered Office show 155 OFFICE PLAZA DRIVE 1ST FL		e Florid	a Dept. of Sta		2	
	Registered Office Address (MUST BE F)	LORIDA STREET A.	DDRES.	<u>S)</u>		: . 2023 JUL	
	TALLAHASSEE	FL_	32301		_ _	ن ب	
(b)	Enter name of NEW Registered Agent and/o	or <u>NEW Registered (</u>	Office ac	ldress:	_	E; 19: 24	
	NEW Registered Office Address:				-		
	1201 Hays Street				_		
	Tallahassee	FL_	32301		_		
chang agent was/w	limited liability company is not organize or changes are made, the Florida strewill be identical. Or, in the case of a Fere authorized by an affirmative vote cicles of organization or the operating a	et address of the r Torida limited liab of the members of	egister oility co the lin	ed office an ompany, it i nited liabilit	d the business office s hereby confirmed the ty company or as other	of the registered hat the change(s)	
	/5/ Richard Antoneck			hard Anton	ard Antoneck, Authorized Person		
I here	ature of a member or authorized representative of the accept the appointment as registered ions of all statutes relative to the properligations of my position as registered arely reflect a change in the registered of in writing of this change.	ed agent and agree er and complete p igent as provided ffice address, I hé	erform for in (reby co	ance of mv Chapter 602 Onfirm that	Printed or typed name of acity. I further agree duties, and I am fami 5, F.S. Or, if this docthe limited liability of the Vice President	to comply with the	

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