Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

*En $\hat{ ext{ter}}$ the email address for this business entity to be used for future - Email Address:_

🖴 annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE AFFINITY TECH SOLUTIONS, LLC

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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.

l. Na	une of the limited liability company:	ions, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/01/2015	L15000	114408
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Meehle, Suzanne D., Esq.		
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	1215 E Concord St		
	Orlando , FL	32803	202
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered		2023 OCT 12
	7901 4th Si N		PH C
	NEW Registered Office Address:		6.
	STE 300	· 	<i>ω</i>
	St. Petersburg . F1.	33702	
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered o ibility company if the limited lia	Iffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
<u>/ √</u> Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
Theres provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I l d'in writing of this change.	performance of I for in Chapter ierchy confirm t	canacity. I further agree to comply with the
Simatu	Taylor Newman - Assistant Sore of Registered Agent	cretary	