

116000029376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

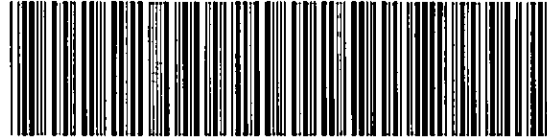
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400322764004

01/16/19--01022--001 **25.00

FILED
2019 JAN 16 A 3:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1/23/19 25

COVER LETTER

TO: Registration Section
Division of Corporations

Magnolia Consulting Services Group, LLC

SUBJECT: _____
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:

Chad T Adams

Name of Person

Magnolia Consulting Services Group, LLC

Firm/Company

738 28th St N

Address

St Petersburg, FL 33713

City/State and Zip Code

mail2chad@me.com

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

For further information concerning this matter, please call:

Chad Adams

412

716-5187

at (_____) _____

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

INHS18 (2/14)

FILED
2019 JUL 16 A 3:38
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: <u>Magnolia Consulting Services Group, LLC</u>	
2. (a) <u>738 28th St N</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>St Petersburg, FL 33713</u>	(b) <u>738 28th St N</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>St Petersburg, FL 33713</u>
 <u>02/11/2016</u> 3. Date of filing/registration in Florida	
<u>L16000029376</u> 4. Document number	
5. (a) <u>UNITED STATES CORPORATION AGENTS, INC.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>13302 WINDING OAK COURT</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>a</u> <u>Tampa</u> , FL <u>33612</u> <u>Chad Adams</u> (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>738 28th St N</u> <u>NEW Registered Office Address</u> : <u>St Petersburg</u> , FL <u>33713</u>	

FILED
2019 JAN 16 A 3:39
TALLAHASSEE, FLORIDA

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

Chad T. Adams
Signature of a member or authorized representative of a member

Chad T Adams
Printed or typed name of signee

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

Chad T. Adams
Signature of Registered Agent

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