Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

R IVENTE

Account Number : I20100000062 Phone : (888)705-7274

CCT 28 CCD

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE LEGALCORP SOLUTIONS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

COVER LETTER

| TO: | Registration Section | | |
|-----|--------------------------|--|--|
| | Division of Corporations | | |

SUBJECT: LegalCorp Solutions, LLC (FL)

Name of Limited Liability Company

Dear Sir or Madam:

O 10/27/2020 8:32 AM

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Zachary Ysais | |
|--|---|
| Name of Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| 1701 Directors Blvd, Suite 300 | |
| Address | |
| Austin, TX 78744 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual states for further information concerning this matter, please | |
| Zachary Ysais | 888 705-7274 |
| 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 am | ount: |
| □ \$25 Filing Fee | ☐ \$55 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.

| 1. Na | me of the limited liability company: LegalCorp | Solui | ions, LL | .C (FL) | | |
|----------------------------|--|--|----------------------------------|---|--------------------------|--|
| 2. (a) | 3440 W HOLLYWOOD BLVD. SUITE 415 | 3440 W HOLLYWOOD BLVD. SUITE 415 | | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0 | M | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | HOLLYWOOD, FL 33021 | | HOLLY | WOOD, | FL 33021 | |
| | 4/4/2016 | | L16000 | 065967 | | |
| 3. 5. (a) | Date of filing/registration in Florida INCORP SERVICES, INC. | 4. | | Document nu | mber | |
| () | Registered Agent and Registered Office shown on the records of to 17888 67TH CT N | he Florida | Dept. of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | 2 | | | |
| | LOXAHATCHEE , FL | 3347 | 0 | | . 3 | |
| (b) | Registered Agent Solutions, Inc. | | | | હંક - · | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 155 Office Plaza Dr. | Office ad | græs: | | သိ | |
| | NEW Registered Office Address: Suite A | | | | | |
| | Tallahassee | 3230 | 1 | | | |
| the cha agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will 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 reginability confideration of the limited in th | ompany, it is nited liability | hereby confi company or | irmed that the change(s) | |
| s/ T. | ravis Crabtree | Tra | vis Crabtr | | Manager | |
| _ | ture of a member or authorized representative of a member | | | | d name of signee | |
| provis the ob to mer | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I do in writing of this change. | | | | | |
| Signati | Mackenzie Hart, Asst. Secretary ure of Registered Agent | | | | | |