

L16 000085785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

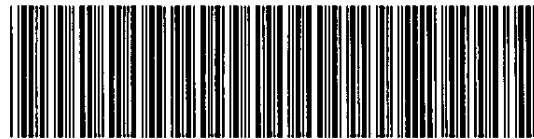
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 17 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Florida Municipal Services, LLC

L16000085785

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☐ LLC

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Mark

☒ Other
Change of Agent

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Photocopies

☐ Call If Problem

☐ Will Wait

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability _____

Document

5/17/2016

Examiner _____

Updater _____

KM

Verifier _____

W.P. Verifier _____

Order#:

10013407

Ref#:

Amount: \$

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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.

1. Name of the limited liability company: Florida Municipal Services, LLC

2. (a) _____ (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**)

5/5/16

L16000085785

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

5. (a) Michael T. Causley
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

97 NE 15th Street

Homestead, FL 33030

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C T Corporation System

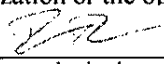
NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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16 MAY 17 AM 7:35
TALLAHASSEE, FLORIDA

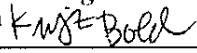
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Bradley L. Resnick

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.

By: C T Corporation System 
Signature of Registered Agent Kristin Bolden

Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00