

L16 000175625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

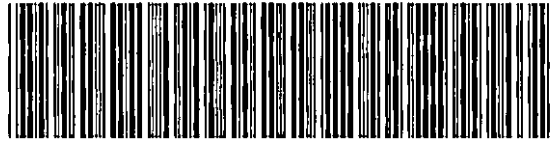
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100329400731

05/23/19--01013--020 ***55.00

FILED
19 MAY 23 AM 8:37
FBI - TAMPA
TAMPA, FLORIDA

O SIMMONS

JUN 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CONTRACT MANAGEMENT SERVICES, LLC

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:

Jonathan W. Groessl

Name of Person

Carney Thorpe, LLC

Firm/Company

PO Box 2000

Address

Janesville, WI 53547-2000

City/State and Zip Code

jgroessl@carneythorpe.com

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

For further information concerning this matter, please call:

Jonathan W. Groessl

at (608) 754-1700

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

**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 Contract Management Services, LLC

2. (a) Current address (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**)

2104 NE 123 ST, # 202

NORTH MIAMI, FL 33181

09/20/2016

L16000175625

3. Date of filing/registration in Florida

4. Document number

5. (a) Current

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CHRISTOPHER M. DART

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2104 NE 123 ST, # 202

NORTH MIAMI, FL 33181

(b) New

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

MICHAEL R. SCHIPPER

NEW Registered Office Address:

1700 S. Powerline Road, Suite H

Deerfield Beach, FL 33442

FILED
10 MAY 23 AM 8:37
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.

X Michael R. Schipper
Signature of a member or authorized representative of a member

Michael R. Schipper, Manager

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.

X Michael R. Schipper
Signature of Registered Agent

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