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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

__Email Address:_

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

•	* *
LLC REGISTERED A	GENT CHANGE

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DEVONIS 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.

2. (a)		(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/24/2017		7000157716
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HOLDER, ANDRE A		
	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:
	956 NW 1007H AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2022
	PEMBROKE PINES . FI	33024	TIPR-1 P
(d)	Northwest Registered Agent LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u>»</u> :
	7901 4th St N		100 mg/s
	NEW Registered Office Address:		
	STE 300		••
	St. Petersburg	33702	
the cha agent v was/wa the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the register lability comp of the limite limited liab	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company.
12	ture of a member or authorized representative of a member	Nat Smi	Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to act in performant ed for in Cha hereby conf	ants capacity. I juriner agree to compty with the ce of my duties, and I am familiar with and accoupter 605, F.S. Or, if this document is being file firm that the limited liability company has been

- Assistant Secretary

Taylor Newman

Signature of Registered Agent