

18000038079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

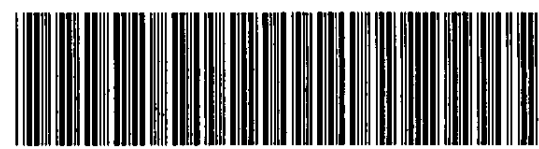
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/18--01012--022 **25.00

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18 MAR 21 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2018

AYOBAMI SABIYI
1955 GRAND ISLE DR
BRANDON, FL 33511

SUBJECT: SERAGLIO TECHNOLOGY SOLUTIONS LLC
Ref. Number: L18000038079

We have received your document for SERAGLIO TECHNOLOGY SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 218A00004241

RECEIVED

2018 MAR 21 AM 8:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERAGLIO TECHNOLOGY SOLUTIONS 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:

A-TOBAMU SABIRI . O
Name of Person

SERAGLIO TECH. SOLUTIONS LLC
Firm/Company

1955 GRAMI ISLE DR
Address

BRANDON FL 33511
City/State and Zip Code

ayo-sabiri@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A-TOBAMU SABIRI at (404) 936 3342
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: SERAGLIO TECH. SOLUTIONS LLC

2. (a) 1955 GRAND ISLE DR. BRANDON FL (b) SAME AS (A)
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 02/12/2018 Date of filing/registration in Florida 4. L18000038079 Document number

5. (a) UNITED STATES CORPORATION AGENTS (LEGALZOOM)
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TAMPA, FL 33612

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 18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

1955 GRAND ISLE DR
NEW Registered Office Address:

BRANDON, FL 33511

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]
 Signature of a member or authorized representative of a member

ADEOLA SHABIYI
 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.

[Signature]
 Signature of Registered Agent

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