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(((H210003245873)))



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Division of Corporations

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From:

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Account Number : I20180000011 Phone : (844)386-0178 : (214)317-4754 Fax Number

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:1	Address:			

LLC REGISTERED AGENT CHANGE MARGAY SOLUTIONS LLC

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A. LUNT

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September 1, 2021

MARGAY SOLUTIONS LLC 14403 MARK DR LARGO, FL 33774

SUBJECT: MARGAY SOLUTIONS LLC

REF: L18000225372

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Agnes Lunt FAX Aud. #: H21000324587 Regulatory Specialist III Letter Number: 121A00021149 To: 18506176383 From: 12147128131 Date: 09/01/21 Time: 12:36 PM Page: 03/03

(((H21000324587 3)))

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.

L Na	me of the limited liability company: MARGAY SOLU	JTIONS	LL.	:				
2. (a)								
2. (4)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				•	f limited liability company E POST OFFICE BOX)		
	14403 MARK DR			14403 MARK DR				
	LARGO, FL 33774		LARGO, FL 33774					
	09/24/2018		L18000225372					
3.	Date of filing/registration in Florida	4.	_	-	Document nur	mber		
5. (a)								
J. (a)	Registered Agent and Registered Office shown on the records of CRITTENDEN, GLORIA	the Floric	da 10e	ept of Stat	ee			
	Registered Office Address (MUST BE FLORIDA STREET 11049 TUNG GROVE RD	ADDRES	DRESS)		_	51.CH 7V1510 2021 A L		
	TALLAHASSE , FL 32317				_	NOF OF		
(p)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> LEGALINC CORPORATE SERVICES INC.	_	SECRETARY OF STATE JYTSION OF CORPCEATION: 8821 AUG 31 AM 10: 17					
	NEW Registered Office Address	_						
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	_						
	FORT MYERS, , FI	L_33907			_			
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmation vote of the members cless of organization or the operating agreement of the	registe: ability e of the line limited	red omp mite liab	office an pany, it i d liabilit	d the business is hereby confir by company or a npany.	office of the registered med that the change(s)		
Signa	lire of a member or authorized representative of a member				Printed or typed	name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	: perforn ed for in	nane Che	ce of my inter 600	duties, and Lai 5, F.S. Or, if th	m familiar with and accept his document is being filed		
Signatu	re of Registered Agent							

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