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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

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LLC REGISTERED AGENT CHANGE MYSOFT SQUAD LLC

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FEB 17 2020

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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.

I. Na	me of the limited liability company: MySoft So	quac	ILLC			_				
2. (a)		(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)							
	701 W. CHERRY ST		701 W. CHERRY ST							
	PLANT CITY, FL 33563	_	PLANT C	OTY, FL 33563						
	02/15/2019		L190000	45994						
3.	Date of filing/registration in Florida	4.		Document number						
5. (a)	LEGALINC CORPORATE SERVICES INC.									
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	:						
	5237 SUMMERLIN COMMONS			(f)	2(
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	3)	TAL NO:)20 F					
	SUITE 400			<u>护</u> 商	2020 FEB 4					
	FORT MYERS, FI.	3390	7	茅門	ţ	}				
(h)	Registered Agents Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	SE FL	AM 10: 12					
	7901 4th St N									
	NEW Registered Office Address:									
	STE 300									
	St. Petersburg, FL	3370	2							
the cha agent was/w the art	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability c of the lir limited	ompany, it is nited liability	hereby confirmed that y company or as otherw	the cha	ngc(s)				
Signa	Ritury Tark. nture of a member or authorized representative of a member	- ,		Printed or typed name of sig	gnee					
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I dim writing of this change. Bill Havre - Assistan	perjorn ed for in hereby o	Chapter 605 Confirm that	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability com	comply r with a cent is b pany he	y with the and accep eing filed as been				

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

Signature of Registered Agent