· · · CAPIT	TOL SERVICES	(01/02) 12/10/2024 11:3	8:08 AM
$L/\underline{9}$	Division of	tment of State Corporations ng gover Sheet	11
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То:	Division of Corporations Fax Number : (850)617	-6383	
From:	Account Name : CAPITOL Account Number : I2016000 Phone : (800)345 Fax Number : (800)432	-4647	FILE IO PH 2: 16
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K. SALY DEC 1 1 2024

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floric	ts the following statement in order to change	05.0116, Florida Statutes, the undersigned limited liability company its registered office or registered agent, or both, in the State of TIAL EDGE COMPLIANCE OUTSOURCING]
1. Na	ame of the Limited Liability Company: SERVIC	DES, LLC	
2. (a)	6919 SW 18th Street	(b) 6919 SW 18th Street	-
(-)	Principal office address of limited liability compa (Note: MUST_BE STREET ADDRESS)		
	Suite C201 / C407	Suite C201 / C407	
	Boca Raton, FL 33433	Boca Raton, FL 33433	
-	3/19/2019	L19000077541	
3.	Date of filing/registration in Florida	4. Document number	
5. (a	Registered Agent and Registered Office shown on the rec	ords of the Florida Dept. of State:	
	9400 SOUTH DADELAND BOULEVA		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESSI	_
	SUITE 600		
	MIAMI	,FL_33156	FILED
(b)	Capitol Corporate Services, Inc. Enter name of <u>NEW Registered Agent and/or NEW Reg</u> 515 East Park Avenue 2nd Fl	ARD TREET ADDRESS) , FL_33156 sistered Office midness:	0
	<u>NEW</u> Registered Office Address:		
	Tallahassee	, FL_ <u>32301</u>	
the ch agent was/w	ange or changes are made, the Florida street add will be identical. Or in the case of a Florida lim	the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the registered nited liability company, it is hereby confirmed that the change(s) nbers of the limited liability company or as otherwise provided in of the limited liability company.	
	r kislir	Sander Ressler	
~	ature of a member or authorized representative of a member		
I here provis the ob to me notifie	tions of all statutes relative to the proper and con- ligations of my position as registered agent as p rely reflect a change in the registered office addr ed in writing of this change.	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and accept rovided for in Chapter 605, F.S. Or, if this document is being filed ress, I hereby confirm that the limited liability company has been	
Kinnet		nian Radecki, Assistant Secretary on	
Signat		ehalf of Capitol Corporate Services, Inc.	
		P.O. Box 6327• Taliahassee, FL 32314 ING FEE: S25.00	