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(Requestor's Name)									
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PICK-UP WAIT MAIL									
(Rusinana Entita Marra)									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

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COVER LETTER

TO:		tration Section ion of Corporations											
SUBJE	ECT: C&S Technology Solutions LLC												
	Name of Limited Liability Company												
Dear S	ir or M	ladam:											
The en	closed	Registered Agent/Registered Office Cl	nan	ige and f	cc(s) are submitted for filing.								
Please	return	all correspondence concerning this mat	ter:	to the fo	ollowing:								
		Corrin Ongstad											
		Name of Person			_								
		Firm/Company											
		713 SW 107th Ave											
		Address											
		Pembroke Pines, 33025											
		City/State and Zip Code											
— <u> </u>	-mail a	address: (to be used for future annual re	po	rt notific	cation)								
For fur	ther in	formation concerning this matter, pleas	εс	call:									
		Corrin Ongstad at	(517	_) _281-2483								
		Name of Person			Area Code & Daytime Telephone Number								
	<u>Mail</u>	ing Address:			Street Address:								
Registration Section					Registration Section								
		sion of Corporations			Division of Corporations								
		Box 6327			The Centre of Tallahassee								
	Talla	hassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
	Enclo	osed is a check for the following amo	unt	t:									
	€ \$2	5 Filing Fee	5 Filing Fee & Certified Copy										

INHS18 (2/14)

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.	Na	me of the limited liability company: C&S Tec	hnolog	y Sol	utions L	.LC				
2	(a)	_ 713 SW 107th Ave		(b)	713 SV	V 107th Av	e			
-	(4)	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) Pembroke Pines, FL 33025					
		Pembroke Pines, FL 33025		_						
				-			. – -			
		7/22/2020								
3.		Date of filing/registration in Florida	4			Document no	ımber			
5.	(a)	Corrin Ongstad								
		Registered Agent and Registered Office shown on the record	ds of the F	lorida L	Cept. of State	e:				
		7110 SW 83rd CT								
		Registered Office Address	RESS)	_	_					
		Miami	, FL_33	3143		- -	(A) (F)	202		
	41.5						ALE E	2020 AUG	• 117	
	(b)	Enter name of NEW Registered Agent and/or NEW Regist	tered Offic	ce addr	<u>'ess</u> :	-	LAHA	JG -3	\$15.00 \$-000 \$-000	
		713 SW 107th Ave				_	RY OF S 1ASSEE.	2	M	
		NEW Registered Office Address:				_	TATE	AH 10: 26))	
		Pembroke Pines	, _{FL} 33	8025		_				
cha age wa the	ange ent w s/we artic	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membeles of organization or the operating agreement of	f the regised liabilit ers of the	stered y com : limite	office and pany, it is ed liability bility com	d the business s hereby confi v company or	s office of irmed that as others	the ro	egistered hange(s)	
Signature of a member or authorized representative of a member					Printed or typed name of signee					
pro the to not	ovisii obli mere ufied LM	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provily reflect a change in the registered office address in writing of this change.	lete perfo vided for	orman in Ch	ce of my a apter 605	duties, and La FS Or if t	ım familic his docum	ir with nent is	and accept being filed	
Sig	gnatur	e of Registered Agent								