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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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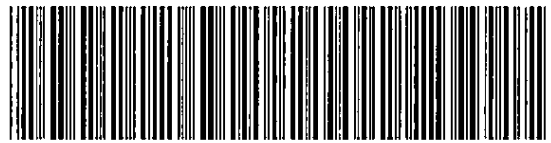
(Business Entity Name)

(Document Number)

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Corporate ♦ Tax ♦ International ♦ Healthcare

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o LICENSED IN ALABAMA AND BRAZIL

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o LICENSED IN WASHINGTON, D.C.

o LICENSED IN NEVADA

o CIRCUIT COURT CERTIFIED MEDIATOR

o LICENSED IN WASHINGTON (STATE) AND CALIFORNIA

May 21, 2024

Via USPS First Class Mail

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Updates to Registered Agent (x3)

Division of Corporations/Registrations Section:

Please find enclosed three completed forms to update the Registered Agent for: (i) People Solutions MA, LLC; (ii) People Technology Solutions, LLC; and (iii) Power By People LLC. I have included one check for all three – check no. 13985 in the amount of \$75.00. Please contact me directly at 407-574-7980 or Rathbun@FBL-Law.com should there be any questions or issues.

Sincerely,

Melissa J. Rathbun

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: People Solutions MA, 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:

Melissa J. Rathbun

Name of Person

ForsterBoughman

Firm/Company

2200 Lucien Way, Ste. 405

Address

Maitland, FL 32751

City/State and Zip Code

Rathbun@FBL-Law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa J. Rathbun

407

574-7980

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

**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: People Solutions MA, LLC

2. (a) <u>7512 Dr. Philips Blvd., Ste. 50-869</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Orlando, FL 32819</u>	(b) <u>7512 Dr. Philips Blvd., Ste. 50-869</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Orlando, FL 32819</u>
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3. <u>10/24/2019</u> Date of filing/registration in Florida	4. <u>1.19000258699</u> Document number
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5. (a) Maricarmen De Ita
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7512 Dr. Philips Blvd., Ste. 50-869
Orlando, FL 32819

(b) Eric C. Boughman
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2200 Lucien Way, Ste. 405
Maitland, FL 32751

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TALLAHASSEE, FL

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.

<u><i>Maricarmen De Ita</i></u> Signature of a member or authorized representative of a member	<u>Maricarmen De Ita</u> Printed or typed name of signee
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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