

L200000049065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Analys Research Consortium, 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:

Denay Brown, Esq.

Name of Person

Messer Caparello, PA

Firm/Company

2618 Centennial Place

Address

Tallahassee, Florida 32308

City/State and Zip Code

dbrown@lawfla.com

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

For further information concerning this matter, please call:

Denay Brown

850

425-5209

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

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: Analys Research Consortium, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

2009 Miccosukee Road  
Tallahassee, Florida 32308

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

2009 Miccosukee Road  
Tallahassee, Florida 32308

3. 2/11/2020  
Date of filing/registration in Florida

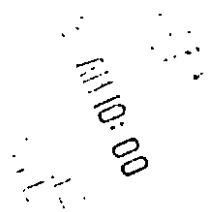
4. 1.20000049065  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Charlette L. Moore  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2627 Mitcham Drive  
Tallahassee, FL 32317

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Michael Kalifeh  
NEW Registered Office Address:  
2615 Centennial Blvd., Suite 200  
Tallahassee, FL 32308



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.

[Signature]  
Signature of a member or authorized representative of a member

Philbert J. Ford  
Printed or typed name of signee

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