

L20000248406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

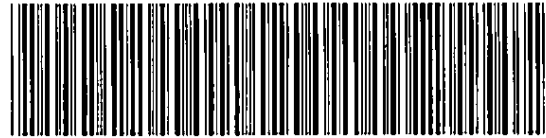
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STATE
TREASURY, FL

2021 FEB -4 AM 9:21

ED



2021 FEB -4 PM 2:04

Y SUMMER

FEB 03 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 648088 7880474

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : February 4, 2021

ORDER TIME : 12:35 PM

ORDER NO. : 648088-005

CUSTOMER NO: 7880474

CHANGE OF AGENT

NAME: MISSION CRITICAL SYSTEMS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mission Critical Systems, 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:

Yloryos Valis, CPA

Name of Person

Accscient, LLC

Firm/Company

801 E. Campbell Rd Ste 690

Address

Richardson, TX 75081

City/State and Zip Code

George.Valls@fthco.com

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

For further information concerning this matter, please call:

Yioryos Valis, CPA

678

325-1709

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: Mission Critical Systems, LLC

2. (a) 1347 E. Sample Road (b) 801 E. Campbell Rd, Ste 690
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Pompano Beach, FL

Richardson, TX 75081

08-24-2020

L20000248406

3. Date of filing/registration in Florida 4. Document number

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

1347 East Sample Rd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach, FL 33064

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2021 FEB -4 AM 9:21
STATE
TALLAHASSEE, FL
FILED

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.

Y. Naji, CPA

Signature of a member or authorized representative of a member

Yioryos Valis, CPA

Printed or typed name of signer

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 of Registered Agent

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