LACOCO3ATYSH

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	\neg
S. HORAL SOLUTIONS	





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/26/2024		
Name:	Patrice R	Rush	_
Reference #:	2440	6076	_
			OLUTIONS HOLDINGS, LLC
☐ Article	s of Incorporatio	n/Authorization	to Transact Business
Amend	dment		
Change	je of Agent		
☐ Reinst	atement		
☐ Conve	rsion		
☐ Merge	r		
☐ Dissol	ution/Withdrawa	1	
☐ Fictitio	us Name		
Other_			
Authorized A	mount:	\$25.00	
Signature:	Posto	/L	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	07/26/2024						
Name:	Patrice Rush	-					
Refere	nce #: 2446076	_					
Entity I	Name: APPLIED BUSINESS S	OLUTIONS HOLDINGS, LLC					
	Articles of Incorporation/Authorization	to Transact Business					
	Amendment						
\checkmark	Change of Agent						
	Reinstatement						
	Conversion						
	Merger						
☐ Dissolution/Withdrawal							
	Fictitious Name						
	Other						
Author	ized Amount: \$25.00						
Signati	ure: Pull						

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.

Name of the limited liability company:		APPLI	PPLIED BUSINESS SOLUTIONS HOLDINGS, LLC				
2. (a)			(b)				
,,,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	ipany:			Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NO CHANGE			NO CHANGE			
	10/15/2020			L20000327484			
3.	Date of filing/registration in Florida		4.	Document number			
5. (a)	TOTTY, JEFFRE	Υ					
(,	Registered Agent and Registered Office shown on the	records of the	: Florida Dept. o	of State:			
	3020 Hartley Roa	ad					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Unit 300						
	Jacksonville	FL	32057		~·		
(b)	Cogency Global In	IC.			. 1934 C.		
()	Enter name of NEW Registered Agent and/or NEW F						
					153 F		
	115 North Calhoun Stree						
	NEW Registered Office Address:				·.?		
					 - دن		
	Tallahassee	FL_	32301				
the cha agent was/w	imited liability company is not organized unde inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the ma icles of organization or the operating agreemen	ddress of th imited liab embers of t	ne registered of ility company the limited lia	office and the business office y, it is hereby confirmed that ability company or as otherw	e of the registered the change(s)		
	/s/ Blake Odom		·	Blake Odom Authorized P	'erson		
Signature of a member or authorized representative of a member				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.

/s/ Timothy Mayville

Signature of Registered Agent Timothy Mayville, Assistant Secretary