## 121000026081

(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:								

Office Use Only



700382437737

2022 MAR | 6 AM | 11:32

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 552697 8373381

AUTHORIZATION :

COST LIMIT : \$ 2**5/.00/** 

ORDER DATE: March 15, 2022

ORDER TIME : 10:22 AM

ORDER NO. : 552697-020

CUSTOMER NO: 8373381

## CHANGE OF AGENT

NAME: MAXIMUS ADMINISTRATION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

## 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	ame of the limited liability company: Maximus Admir	nistratio	n, l	LC				
2.	(a)			(h)					
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of lim	nited liabil OST OFF	ity comp	eny:
		4 Main Street, 2nd Floor			4 Main S	Street, 2nd Floor			
		Peterborough, NH 03458	———		Peterbo	prough, NH 03458			
		01/27/2021		L	.2100002	26081			
3.		Date of filing/registration in Florida	4.	_	-	Document numbe	·r		
5.	(a)								
	• /	Registered Agent and Registered Office shown on the records of	the Flor	da l	Dept. of St	ate:			
		Bressler, Amery & Ross, P.C.							
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>\$\$)</u>		<del></del>		?(	
		200 East Las Olas Boulevard, Suite 1500						172	
		Fort Lauderdale	3330	1		<del>_</del>	-; -	7.7	:
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					•	9	•
(	(b)							****	
	. ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office	ıdd	ness:		•	- 5	
		Corporation Service Company						 ယ	
		NEW Registered Office Address:		_		_			
		1201 Hays Street							
		Tallahassee	22204						
		, FI	32301			<u></u>			
ager was	nge nt w /wg ard eret	mited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limited limited by an affirmative vote of the members of the operating agreement of the later of emember or authorized representative of a member of a member of a decept the appointment as registered agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings relating to the several agent and agreement of all teatings agreement of the agent and agreement of all teatings agent and agreement of all teatings agent and agreement of all teatings agreement of the agreement of the agent agent and agreement of all teatings agreement of the agreement of the agreement of the agent agent agreement of the agreement of th	register ability of the li	red com mit lia	office a spany, it ed liability co	nd the business office is hereby confirmed ity company or as of impany.  Printed or typed name acceptance of the business of t	ce of the I that the therwise e of signe	e registe e change e provid	red e(s) ed in
the to m	obli jere jied	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change.  Light ASSISTENT VA OFFICIAL MEDITAL AGENT	perjori d for in hereby	nan Ch con	ace of my apter 60 firm that	duties, and I am fai 15, F.S. Or, if this di t the limited liability	miliar w ocumeni ocompai	ith and is bein ny has b	accept g filed seen