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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

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## LLC REGISTERED AGENT CHANGE

TEAM SYSTEMS INTERNATIONAL SOUTHEAST LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

NOV 1 7 2021

## STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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.

(a)		(b)	
(41)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ıy:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			000176791
	04/16/2021  Date of filing/registration in Florida	4.	Document number
3.		4.	Document named
i. (a)	MOTT, DEBORAH E		
	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept.	of State:
	705 RIVERSIDE DRIVE		
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)	. 2
			SEC SEC
	ORMOND BEACH	FL 32176	A SO
(h)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Reg	istered Office address:	SECRETARY OF STATE STALL AHASSEE, FL
	7901 4th St N		
	NEW Registered Office Address		
	STE 300		
	St. Petersburg	FL_33702	Had-to-to-to-to-to-to-to-to-to-to-to-to-to-
the chargent was/withe art	limited liability company is not organized under ange or changes are made, the Florida street additional be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the menuicles of organization or the operating agreement	tess of the registered ited liability comparabers of the limited liability of the limited liability Paley Pa	iability company or as otherwise provided in ty company.
Signa	nture of a member or authorized representative of a member	- 141169 1 6	Printed or typed name of signee
I here provis the ob to men notifie	eby accept the appointment as registered agent a ions of all statutes relative to the proper and cor- ligations of my position as registered agent as p- rely reflect a change in the registered office addr ed in writing of this change.	nd agree to act in the nplete performance of rovided for in Chant	of my auties, and i am jamitiar with and accep er 605. F.S Or. if this document is being filed

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