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| PICK-UP WAIT MAIL | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|----------|---|--------------------|--|
| | - com Corna Diam Taobandany Salutian | · LLC | |
| SUBJE | CCT: Carpe Diem Technology Solution N | ame of Limited L | iability Company |
| Door S | ir or Madam: | | |
| Dear 5 | n (a Madam. | | |
| The end | closed Registered Agent/Registered C | Office Change and | fee(s) are submitted for filing. |
| Please | return all correspondence concerning | this matter to the | following: |
| Cuong ! | Dang | | |
| | Name of Person | | |
| Carpe L | Diem Technology Solutions LLC | <u></u> | |
| | Firm/Company | | |
| 9858 CI | int Moore Rd. Suite C111-124 | | |
| | Address | • | |
| Boca Ra | uton, FL 33496 | | |
| | City/State and Zip Code | | |
| cdang@ | ² cdtsusa.com | | |
| E- | mail address: (to be used for future a | nnual report notif | lication) |
| For furt | her information concerning this matt | er, please call: | |
| Cuong I | Dang | at (<u>770</u> | 9056047 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations | | Division of Corporations |
| | P.O. Box 6327 | | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 |
| | Enclosed is a check for the followi | ng 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. N | ame of the limited liability company: Carpe Diem Tec | chnology Soli | ations LLC | | | |
|-----------------------------|---|--|---|--|--|--|
| 2. (a) | | (b) | | | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · · · | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 9858 Clint Moore Rd, Suite C111-124 | | | |
| | 17103 Brulee Breeze Way | . <u></u> | | | | |
| | Boca Raton, FL 33496 | Boca Raton, FL 33496 | | | | |
| | 8/25/2021 | [. | .21000380952 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| i. (a) | | | | | | |
|). (u) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | ZenBusiness Inc | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | | | | |
| | 336 E. College Ave. Suite 301 | | | | | |
| | Tallahassee, F | சுடு 32301 | | | | |
| | | | | ; ~2 | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | 2022 L.L | | |
| | Enter name of NEW Registered Agent and/or NEW Register | <u>'ess</u> : | AUG | | | |
| | Cuong Dang | | | • | | |
| | NEW Registered Office Address: | | <u> </u> | FFT PH | | |
| | 9858 Clint Moore Rd. Suite C111-124 | | | CELT-LOND/ | | |
| | Boca Raton | ar 33496 | | ź. ο | | |
| | Boca Raton , I | 1,47,77 | | | | |
| hange gent v vas/w | limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | ne registered liability com s of the limit ne limited lia | office and the business office ipany, it is hereby confirmed the ed liability company or as other | of the registered nat the change(s) | | |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of | of signee | | |
| provis the ob. to mer | by accept the appointment as registered agent and a ling of all statutes relative to the proper and complet ling ations of my position as registered agent as provia ely reflect a change in the registered office address, d in writing of this change. | gree to act in le performan led for in Ch I hereby con | of this capacity. I further agree we of my duties, and I am fami apter 605, F.S. Or, if this doc firm that the limited liability c | to comply with the liar with and accep ument is being filed ompany has been | | |
| Signati | re of Registered Agent | | | | | |