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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 : (813)436-5206

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Address:				
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LLC REGISTERED AGENT CHANGE NOTARY SYSTEMS PLUS SOLUTIONS, LLC

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11/22/2024 19:17:48 PST To: 18506176383 Page: 2/2 Fex: 8134365206

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: NOTARY SY	STEMS	PLUS SC	DLUTIONS	, LLC		<u>.</u>	
2. (a)	7901 4th St N		(b) 7901 4th St N					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	STE 300		STE 300					
	St. Petersburg, FL 33702		St. Peter	sburg, FL 3	33702			
	12/14/2021		L2100052	26934				
3.	Date of filing/registration in Florida	4.		Document n	umber			
5. (a) INC AUTHORITY RA							
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:				
	390 NORTH ORANGE AVE., STE 2300-N							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	1					
	ORLANDO .FL	32801				20		
						2024 H OV 25		
(b)	Registered Agents Inc				•	Ē		
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:			25		
	7901 4th St N				1	7:		
	NEW Registered Office Address:					PH 1:0	()	
	STE 300				- ;	10		
	<u> </u>				•			
	St. Petersburg, FL	33702) -					
16.1				*4- *. * 1		· .		
	limited liability company is not organized under the lav ange or changes are made, the Florida street address of							
agent	will be identical. Or, in the case of a Florida limited lia	ability co	impany, it is	hereby conf	irmed th	at the c	hange(s)	
was/w the art	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	I me mi Iimited I	iability com	r company or pany,	as omer	wise pi	rovigeu in	
R	hi are harren			Robin .	lones			
Signature of a member or authorized representative of a member				Printed or typed name of signee				
provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	performe d for in C hereby co	in this capa ance of my a Chapter 605, onfirm that t	icity. I furthe luties, and I c , F.S. Or. if t he limited lic	er agree am famil his docu ability co	to com iar witi iment is impany	ply with the n and accept s being filed has been	
	David Roberts - Assistant Secretar	У						
Signati	are of Registered Agent							