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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

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

∰Email Address:

LLC REGISTERED AGENT CHANGE 30A SALES SOLUTIONS L.L.C.

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T. LEMIEUX

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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:30A SAL | ES SOLUTION | IS L.L.C. |
|--------------------------------------|--|--|--|
| 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) |
| | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | LEGALCORP SOLUTIONS, LLC Registered Agent and Registered Office shown on the record- | s of the Florida Dept. o | of State; |
| | Registered Office Address (MUST BE FLORIDA STREAM) | ET ADDRESS) | |
| | 3440 W HOLLYWOOD BLVD. SUITE 415 | 5 | |
| | HOLLYWOOD | FL_33021 | |
| (b) | Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Agent Agent and/or NEW Registered Agent | ered Office address: | 2023 H 1 - 3 PH |
| | NEW Registered Office Address: | | |
| | 7901 4th St N STE 300 | | <u> </u> |
| | St. Petersburg , | FL 33702 | |
| change agent was/w the art | limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the company | the registered offic Hiability company rs of the limited lia | ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. |
| Signa | ature of a member or authorized representative of a member | - | ROBIN JONES Printed or typed name of signee |
| I here provis the ob to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and completigations of my position as registered agent as proview reflect a change in the registered office address, d in writing of this change. | agree to act in this ele performance of ided for in Chapte , I hereby confirm | s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been |
| | Mid Scients | | |
| Signati | ire of Registered Agent | | |