

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC-

Account Number : 110432003053 Phone : (561)594-8107 Fax Number : (561)214-8442

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

gcvdocs@corpcreations.com Email Address:

## LLC REGISTERED AGENT CHANGE LEGATUM TECHNOLOGIES LLC

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## C. BRUMBLEY

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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.

Name of the limited liability company: LEGATUM TECHNOLOGIES LLC				
2. (a)	7512 DR PHILLIPS BLVD	(b)	7512 DR PHILLIPS BLVD	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	50-308		50-308	
	ORLANDO, FL 32819	_	ORLANDO, FL 32819	
_	01/20/2022		L22000039968	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CUMBIE, WILLIAM, PA			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of S	TRICE:	
2021 ART MUSEUM DRIVE,140				
(b)	JACKSONVILLE , FL_ Corporate Creations Network Inc.	32207	FILED  2022 DEC 14 AM 11: 1  SECRED AY OF STA	
ι-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	AMII: 24  OF STATE SEE, FL	
	NEW Registered Office Address:		<del>-</del> -	
	North Palm Beach , FL_		_	
egent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line	egistered office a ility company, it the limited liabili	nd the business office of the registered is hereby confirmed that the change(s)	
Raci	rel Joseph	Rad	chel Joseph, Attorney-in-Fact	
	ure of shember or authorized representative of a member		Printed or typed name of signee	
he obli o mere	ly accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address, I her in writing of this change.	to act in this cap informance of my or in Chapter 60 reby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Racional Signatur	Rachel Joseph, Special Secretary			