

L22000120823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

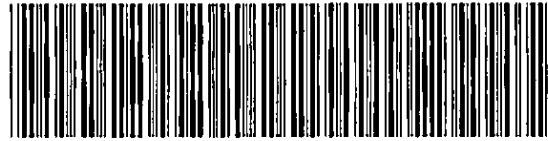
(Business Entity Name)

(Document Number)

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900383500899

RA & RO change

FILED  
2022 MAY 27 AM 9:26  
ALLAHASSEE, FL 32004

RECEIVED  
2022 MAY 27 AM 10:09  
ALLAHASSEE, FL 32004

A. RAMSEY  
MAY 31 2022

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 05/27/2022  
Acc#I20160000072

*en: c SW*

Name:	Layer 3 MGT LLC
Document #:	
Order #:	14348450 - 20

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAYER 3 MGT, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shantell Monreal-Caride

\_\_\_\_\_  
Name of Person

MGT OF AMERICA

\_\_\_\_\_  
Firm/Company

4320 W KENNEDY BLVD STE 200

\_\_\_\_\_  
Address

TAMPA, FL 33609-2118

\_\_\_\_\_  
City/State and Zip Code

scaride@mgtconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A.J. Baroudos

at ( 214 ) 932-3697

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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. Name of the limited liability company: LAYER 3 MGT, LLC

2. (a) 4320 W. KENNEDY BLVD., SUITE 200 (b) 4320 W. KENNEDY BLVD., SUITE 200

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

TAMPA, FL 33609

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

TAMPA, FL 33609

03/24/2022

L22000120823

3. Date of filing/registration in Florida

4. Document number

5. (a) TK REGISTERED AGENT, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

101 E. KENNEDY BLVD, SUITE 2700

TAMPA, FL 33602

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Anthony Trey Traviesa

Anthony Trey Traviesa

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System Sandra Zwigack Sandra Zwigack, Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00