

172000319056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

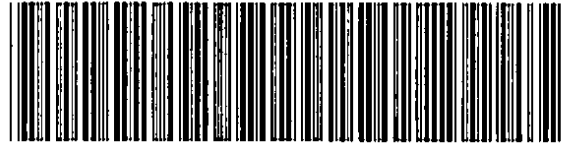
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22 SEP - 7 PM 3:11  
RECEIVED  
OFFICE OF STATE  
CLERK OF COURT



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr Ste. 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Emma Smith, Compliance Specialist  
emma.smith@kkoslawyers.com

08/29/2022

**Florida Secretary of State**  
2415 N Monroe Street, Suite 810  
Tallahassee, Florida 32303

*RE: Change of Registered Agent*

**Florida Secretary of State**

Effective immediately, please file the change of Registered Agent and Registered Office for **McCall, Hershel & Weiss, LLC (L22000319056)**. Attached is a check in the amount of \$25 for any filing fees required.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

Emma Smith  
Compliance Specialist

Enclosures

22 SEP -7 PM 3:11  
OFFICE OF THE SECRETARY  
OF STATE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McCall, Hershel & Weiss, 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:

Emma Smith

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

KKOS Lawyers

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

1883 W Royal Hunte Dr. Ste200A

\_\_\_\_\_  
Address

Cedar City, Utah 84720

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

emma.smith@kkoslawyers.com

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

For further information concerning this matter, please call:

Emma Smith

435

5869366 ext 2020

at (\_\_\_\_\_) \_\_\_\_\_

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

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following 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. Name of the limited liability company: McCall, Hershel & Weiss, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

12574 Flagler Center Blvd Ste 101

Jackson, FL 32258

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

12574 Flagler Center Blvd Ste 101

Jackson, FL 32258

07/11/2022

L22000319056

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

FLP RA Services LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

360 Central Ave Ste 800

St Petersburg, FL 33701

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

Registered Agent Solutions, Inc

NEW Registered Office Address:

155 Office Plaza Drive Ste A

Tallahassee, FL 32301

22 SEP - 7 PM 3:11  
DIVISION OF CORPORATIONS

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.

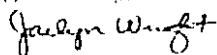
 MGR.

Cherilyn Smith, MGR.

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.*



Signature of Registered Agent Jaclyn Wright, Asst. Secretary

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