L22000347491

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	(Document Number)	.,		
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DATE:

12/02/22

NAME: SERVIS GROUP HOLDINGS, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations		
SERVIS GROUP HOLDINGS, LLC SUBJECT:	-	
Nar	ne of Limited	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to t	the following:
Sharon Gray		
Name of Person		
Velawcity Legal Support Services		
Firm/Company	<u>-,</u>	
550 Cochituate Road, East Wing, 4th Flr., Ste. 25		
Address		
Framingham, MA 01701		
City/State and Zip Code		
sharon@velawcityinc.com		
E-mail address: (to be used for future ann	iual report no	otification)
For further information concerning this matter.	please call:	
Sharon Gray	508 at (310-1001
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	۵	\$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. N	ame of the limited liability company: SERVIS GROU	JP HOLE	INGS, LLC	
2. (a)	217 N. HOWARD AVENUE, STE, 200		(b) 217 N. HO	DWARD AVENUE, STE. 200
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33606		ТАМРА, І	FL 33606
				- · · · · · · ·
	08/09/2022		L220003474	491
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BRYSON RAVER			
	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of State	- e:
	217 N. HOWARD AVENUE, STE. 200			_
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>(SS)</u>	
	TAMPA	_{?L} 33606		2022 DEC
(b)	NRAI Services, Inc.			N
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	
	NRAI SERVICES, INC.			
	NEW Registered Office Address:	•	-	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, F	L		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	of the reg liability of the line ie limited	gistered office company, it is mited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completed igations of my position as registered agent as provided to the completed office address, after writing of this change. NRAI Services, Indust. Industrial	e perfor	mance of my c	luties, and I am familiar with and accept

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

Signature of Registered Agent Denise Annunciata, Assistant Secretary

By: