Fax: 8134365206

Division of Corporations

## Florida Department of Stat Division of Corporations

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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 : (813)436-5206

ਲੈ\*Entercthe email address for this business entity to be used for future Email Address:\_

്റ്റ് annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE 117 SOLUTIONS LLC

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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.

(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)
	09/29/22		9422888
	Date of filing/registration in Florida	4.	Document number
(a)	HAVRE, BILL		
(4)	Registered Agent and Registered Office shown on the records of 7901 41H ST N	the Florida Dept. o	t'State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	4000		
	ST PETERSBURG .FI	33702	
(b)	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	APP APP
	The name of the second	,	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		— SS 😼
	St. Petersburg , FI	33702	
cha: :nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
<u>;</u> ;	a factory	Robin Jones	
	ure of a member or authorized representative of a member		Printed or typed name of signee
visie obli nere	w accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I'm writing of this change.	rce to act in this performance of al for in Chapte hereby confirm	s capacity. I further agree to comply with to f my duties, and I am familiar with and acc r 605, F.S. Or, if this document is being fil that the limited liability company has been

Signature of Registered Agent