## L22000464200

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Centificates of Status		
Special Instructions to Filing Officer:		



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## **CT CORP**

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

Date:

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Acc#I20160000072

Name:	Traffic Management Solutions, LLC
Document #:	
Order #:	14625854

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	

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Document	Amount: \$ 55.00
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
	Thank you!

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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)	16 Mandalay Road	(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)
	Sewalls Point, FL 34996		
	October 31, 2022 (Effective Date 1/9/13) Date of filing/registration in Florida	- <u>1.22</u> - <u>4</u> .	000464200 Document number
	Westbrooks, James	4.	
(a)	Registered Agent and Registered Office shown on the records of 16 Mandalay Road	"the Florida Dep	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2022 NOV
	Sewalls Point	34996	
(b)	C T Corporation System		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registerer</u>	d Office addres	
	1200 South Pine Island Road		
	NEW Registered Office Address:		
	Plantation . F		<del></del>
inge ent v «/w/	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered o iability compa of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
	ture of a member or authorized representative of a member		Printed or typed name of signee

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accelerate the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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.

David Westcott Asst. Secty.

Signature of Registered Agent

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

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