123000037798

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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MAR₂0 = **S. PRATHER**



February 2, 2024

1. July 3. 4

MAXUM INTERNATIONAL GROUP, LLC 7025 CR 46A SUITE 1071-126 LAKE MARY, FL 32746

SUBJECT: MAXUM INTERNATIONAL GROUP, LLC

Ref. Number: W24000017613

We have received your document for MAXUM INTERNATIONAL GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or rejour filing will be considered abandoned!

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 624A00002283

Please see enclosed returned Does. Thank you.

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Maxum International Group, 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:

ANNA Peterman Name of Person

Maxum International Group, LLC

7025 CR46A Ste 1071-126

Lake Mary, Fla. 32746

anna maxum in Haroup. Com
E-mail address: (to be used for future annual report addition).

For further information concerning this matter, please call:

ANNA Peterman at 714, 349-7914
Name of Person Area Code & Davtime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

INHS18 (2-14)

-> OVER payment of \$35 has already been made. Please suyper letter Enclosed 2/2/2221

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: Maxum International Group LLC
2 (a) [255 S. Orange Ave (b)
Principal office address of limited liability company: Marling address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1 Ste 104-1356 7025 CR46A Ste 1071-126
Ste 104-1356 7025 CR46A Ste 1071-126 Orlando, Fla. 32801 Lake Mary, Fla. 32746
1-24-2023 L23000037798
3. Date of filing/registration in Florida 4. Document number
NRAI SERVICES Inc. Regulatorial August and Registered Office shown on the records of the Florida Dept. of State:
NRAI SErvices Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ty Co
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 S. Pine Island Rd.
Plantation, FI. 33324
(b) Gary Peterman, Maxum International Group, Lice International Group, Lice International Group, Lice
The Finance of Section Agent and of Section Registered Control and
355 S. Orange Ave. Ste 104-1356 NEW Registered Office Address:
Orlando, Fla. 32801
<u> </u>
, F1.
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 afficles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Printed or typed name of signee
Thereby on tell 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 mefely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in serions of this change.
Signature of Residence Alin
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00