L23000295555

	(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
Opecial instructions to	J. HODAL
	CLD .
	J. HORNE SEP 1 / 2024



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FILED
2024 SEP 16 AM 10: 34

2024 SEP 16 AM ID: 28

Office Use Only

CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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	PICE	K UP: <u>JENA 9/14</u>	
	CERTIFIED COPY		
XX	РНОТОСОРУ		
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XX	FILING	CHANGE OF RA	
1.	K.A OF OVERLAND F		
2.	(CORPORATE NAME AND DOC	CUMENT #)	
3.	(CORPORATE NAME AND DOC	JUMENT #)	
4.	(CORPORATE NAME AND DOC	CUMENT #)	
5.	(CORPORATE NAME AND DOC	JUMENT #)	
6.	(CORPORATE NAME AND DOC	CUMENT #)	
SPECIA	L INSTRUCTIONS:		

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)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 13108 LAKESHORE GROVE DR.			
(4)				Mailing address of limited liability comp. (Note: MAY BE POST OFFICE BO.		
	WINTER GARDEN, FL 34787			WINTER	GARDEN, FL 34787	
	6/19/2023	_	I.	.23000295	555	
	Date of filing/registration in Florida	4.	_		Document number	
(a)	Telos Legal Corp.					
(11)	Registered Agent and Registered Office shown on the records of t	he Flori	ida 1	Dept. of Sta	ite:	
	155 Office Plaza Dr.					
	Registered Office Address (MUST BE FLORIDA STREET)	DDRE.	SS)		 بــ	
					1024	
	Tallahassee	32301			SER FI	
	, FL				- · · · · · · · · · · · · · · · · · · ·	
(b)	Drummond Consulting LLC					
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office :	add	ress:	10.6	
	601 BRICKELL KEY DR, SUITE 901				MUSER 16 MID: 34	
	NEW Registered Office Address:				-	
	MIAMI	33131		<u> </u>	_	
inge ent w s/wc	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility (f the li	erec con mi	l office ar ipany, it i led liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Michiel de Aunoriun	M	ich	el de Amo		
~	nire of a member or authorized representative of a member				Printed or typed name of signee	
eret. wisid	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h	ee to a perfori	ct i nai	n this cap	pacity. I further agree to comply with the duties, and I am familiar with and acce	

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00

Signature of Registered Agent