

L23 000454001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

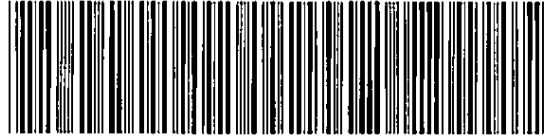
(Document Number)

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FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic AI Solutions 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:

Blake Hendricks

Name of Person

Academic AI Solutions LLC

Firm/Company

13314 Alton Road

Address

Palm Beach Gardens Florida 33418

City/State and Zip Code

bhenndricks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Hendricks

972

7865967

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

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: Academic AI Solutions LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Current : 13314 Alton Road

New: 382 NE 191st St PMB 518086

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

13314 Alton Road

382 NE 191st St PMB 518086

4/30/2024

L23000454601

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Blake Hendricks

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13314 Alton Road

palm beach gardens, FL 33418

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Dave Scott

NEW Registered Office Address:

382 NE 191st St PMB 518086

Miami, FL 33179

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 articles 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

I hereby accept 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 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.

Signature of Registered Agent