L24000156355

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: McMahan Solutions LLC	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to the following:
Tyreeta McMahan	
Name of Person	
McMahan Solutions LLC	
Firm/Company	
12472 Lake Underhill Rd #412	
Address	
Orlando. Florida 32828	
City/State and Zip Code	
tymcmahan2021@gmail.com	
E-mail address: (to be used for future am	nual report notification)
For further information concerning this matter	; please call;
Tyreeta McMahan	at (407) 719-8222
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	lame of the limited liability company: McMahan Solution	ons LLC
2. (a)	7901 4th St N #5336	(b) 12472 Lake Underhill Rd #412
. (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL	Orlando, FL
	33702	32828
	04/02/24	L24000156355
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Tyreeta McMahan	
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
	12325 Shadowbrook Lane	2024 A
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS) ADDRESS) ACCURATE TO THE TOTAL AND THE TOTAL AN
	Orlando , FL	32828 P. C.
(b)		FLORE T
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	7901 4th St N	
	NEW Registered Office Address:	
	STE 300	
	St. Petersburg	_33702 L
the chi agent i was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	
Signa	alure of a member or authorized representative of a member	Tyreeta McMahan Printed or typed name of signee
l here provis the ob- to mer natifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have the content of this change.	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signate	David Roberts - Assistant Se	естетагу