

M07000005311

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000067852 3)))



H220000678523ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CemiraP@montgomerytechnology.com

LLC REGISTERED AGENT CHANGE MONTGOMERY TECHNOLOGY SYSTEMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 FEB 21 PM 4:50

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FILED
2022 FEB 21 PM 5:03
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 22 2022

(((H22000067852 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTGOMERY TECHNOLOGY SYSTEMS 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:

Cemira Powell

Name of Person

MONTGOMERY TECHNOLOGY SYSTEMS LLC

Firm/Company

23 OLD STAGE ROAD

Address

GREENVILLE, AL 36037

City/State and Zip Code

CemiraP@montgomerytechnology.com

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

For further information concerning this matter, please call:

Kathy Clark at (800) 567-4397
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

(((H22000067852 3)))

(((H22000067852 3)))

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: MONTGOMERY TECHNOLOGY SYSTEMS LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)(Note: MAY BE POST OFFICE BOX)23 OLD STAGE ROAD23 OLD STAGE ROADGREENVILLE, AL 36037GREENVILLE, AL 3603708/29/2007M07000005311

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:BUSINESS FILINGS INCORPORATEDRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)1200 South Pine Island RoadPlantation, FL 33324(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:URS AGENTS, LLCNEW Registered Office Address:3458 LAKESHORE DRIVETALLAHASSEE, FL 32312

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.

Patrick Skipper
Signature of a member or authorized representative of member

Patrick Skipper

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.

Kathy Clark
Signature of Registered Agent

FILED
2022 FEB 21 PM 5:03
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA