

M10 000000 4223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

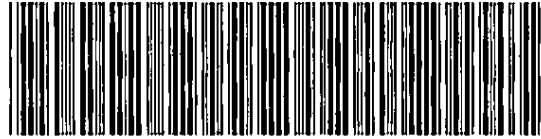
(Business Entity Name)

(Document Number)

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2021 AUG 16 AM 7:39
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

Montage Diversity Consultants, 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:

Stephan Reeves

Name of Person

Montage Diversity Consultants, LLC

Firm/Company

1510 Cecil B Moore Ave., Suite 301

Address

Philadelphia PA 19121

City/State and Zip Code

sreeves@montagediversity.com

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

For further information concerning this matter, please call:

Stephan Reeves

610

476-3524

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

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.

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

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

100 E Linton Blvd., Suite 107B
Delray Beach, FL 33483

MI0000004223

4. Document number

Sharon Burke

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

100 E Linton Blvd, Suite 107B

Delray Beach, FL 33483

Sharon Howell

NEW Registered Office Address:

Same as above

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2021 AUG 16 AM 7:39
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

Signature of a member or authorized representative of a member

STEPHAN REEVES
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

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