6/5/2019



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Phone

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

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LLC REGISTERED AGENT CHANGE TEAM VELOCITY MARKETING LLC

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Help

TO: Registration Section

COVER LETTER

Team V	/elocity Marketing LLC	
SUBJECT:	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Patricia Reyes		
Name of Person		
11mile 011 01001	2	
InCorp Services, Inc.	<u> </u>	
Firm/Company		
2772 Haward Husban Blass. Cuite 50	205	
3773 Howard Flughes Pkwy., Suite 50		
Address		
Las Vegas, NV 89169-6014	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code		
managedreports@incorp.com	•	
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	
Patricia Reyes ·	ut (800) 246-2677	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
☑ \$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.

	une of the limited liability company: Team Velocity		······································
(a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST RE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
			· · · · · · · · · · · · · · · · · · ·
	12/23/2010		00005720
	Date of filing/registration in Florida	4.	Document number
. (a)	NRAI SERVICES, INC		
. ,	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	20
			<u> </u>
	District	33324	
	Plantation FI	0332-1	
4.5	InCorp Services, Inc.		on in
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	17888 67th Court North		<u> </u>
	NEW Registered Office Address:	,	
	Loxahatchee, FL 33470		
	Loxahatchee	33470	
ne cha gent v	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	of the registered o iability company of the limited lia	office and the business office of the regis , it is hereby confirmed that the change(s bility company or as otherwise provided
	and I knowfeld	Lane Blum	
	ture of a member or authorized representative of a member		Printed or typed name of signee
here roviși	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing alions of my position as registered agent as provide by reflect a change in the registered office address, I dinvriting of this change.	ree to act in tals e performance of ed for in Chapter	capacity. I further agree to comply with my duties, and I am familiar with and ac 605, F.S. Or, if this document is being to
ne ooi 5 mere otifi zi	ely reflect a change in the registered office address, I d in writing of this change.	hereby confirm i	inal the limited liability company has bec

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