

M 11 0000000 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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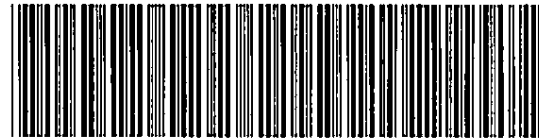
(Business Entity Name)

(Document Number)

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SUBJECT: CMTS Construction Management Services LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

CMTS LLC

Firm/Company

8500 N Stemmons Freeway Suite 6077

Address

Dallas TX 75247

City/State and Zip Code

hharris@cmtslc.com

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

For further information concerning this matter, please call:

K. Hezekiah Harris II 214 637-6200
_____ 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: CMTS Construction Management Services LLC

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

8500 N Stemmons Freeway Suite 6077

Dallas TX 75247

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

8500 N Stemmons Freeway Suite 6077

Dallas TX 75247

01/21/2011

3. Date of filing/registration in Florida

M11000000302

4. Document number

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

Yvonne McClain

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1654 San Marco Blvd

Jacksonville, FL 32207

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

Yvonne McClain

NEW Registered Office Address:

8837 Goodby's Executive Dr., Ste 2

Jacksonville, FL 32217

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

K. Hezekiah Harris II

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**

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DIVISION OF CORPORATIONS
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