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6/7/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

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VISION OF GGGGGGG

LLC REGISTERED AGENT CHANGE BOLDER OUTREACH SOLUTIONS, LLC

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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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.

BOLDER OUTREACH SOLUTIONS, LLC

L. No	nme of the limited liability company:	
2. (a)	no change	(b) no change
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida	M12000004131
3.	·	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	CORPORATION SERVICE COMPANY	•
	Registered Office Address (MUST BE FLORIDA STREET	YADDRESS)
	1201 HAYS STREET	LA.
	TALLAHASSEE	Administration of the second s
		32.301 ASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered	
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:
	C T Corporation System	<u>φ</u>
	NEW Registered Office Address:	
	1200 South Pine Island Road	
	Plantation	L_33324
	Plantation , F	L_ vara
the cha	ange or changes are made, the Florida street address of a Florida limited.	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registere liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company.
	Jan 1000	Leslie Martin, Manager
-	aure of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and a tons of all statutes relative to the proper and comple, ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my duries, and I am familiar with und acce led for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been
cic	orporation System (Mad System	Alfred Younan
Signatur	re of Registered Agent	ssistant Secretary

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