Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:_____

LLC REGISTERED AGENT CHANGE **EVERGE GROUP, LLC**

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	COVER LETTER • • • •		
TO: Registration Section Division of Corporations			
SUBJECT: EVERGE GROU	P, LLC		
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Joshua Murphy			
Name of Person	_ 		
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400		
Address			
Austin, TX 78735			
City/State and Zip Code			
E-mail address: (to be used for future and	nual report notification)		
For further information concerning this matter	, please call:		
Joshua Murphy	888 705-7274		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32301	Tananassee, Fiorida 52514		
Enclosed is a check for the following	g amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

O 07/02/2022 5:07 AM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

Name of the limited liability compan	v: EVERGE G	ROUP, LLC		
2. (a) 4965 PRESTON PARK BLV		(b) 4965 PRESTON PARK BLVD.SUITE 700		
Principal office address of limited		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(<u>Note: MUST BE STREE</u> PLANO, TX 75093		•), TX 75093	
FLANO, 1X 73090	,	1 1 110	7, 17(10000	<u></u>
1/18/2013		M130000	000416	
3. Date of filing/registration	ı in Florida	4. De	ocument number	
BLUMBERG EXCELSIOR (CORPORATE SEF	RVICES, INC		
5. (a) Registered Agent and Registered Office	shown on the records of the	: Florida Dept, of State:		
155 OFFICE PLAZA DR	RIVE1ST FLOO	R		
Registered Office Address (MUST B	<u>E FLORIDA STREET AL</u>	ODRESS)		
TALLAHASSEE,	,	32301	<u>:</u> -	2022 JUL -
(b) Registered Agent So		(Man add say)	-	-
Enter name of NEW Registered Agent	and/of SEW REPRETED O	onice addition.		<u> </u>
155 Office Plaza Dr.				
NEW Registered Office Address:				. 08
Suite A				
Tallahassee	er S	32301		
If the limited liability company is not org the change or changes are made, the Flor agent will be identical. Or, in the case o was/were authorized by an affirmative ve the articles of organization or the operati	ganized under the laws rida street address of the f a Florida limited lial ote of the members of	s of the State of Flori he registered office a bility company, it is b the limited liability of imited liability comp	ner the business of the hereby confirmed that company or as others any.	at the change(s) wise provided in
Kirsty Johnson		Kirsty Johnson	Printed or typed name of	orized Person
/100-101	stered agent and agre proper and complete p	e to act in this capac performance of my du Tor in Chapter 605	rity. I further agree to tries, and I am Jamili ISS Or if this docu	to comply with the iar with and accep ment is being filed
Signature of Registered Agent				