4/24/24, 9:08 AM

To

Division of Corporations



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To:

Division of Corporations

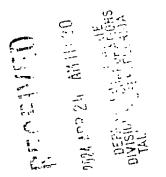
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

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



LLC REGISTERED AGENT CHANGE CPS SOLUTIONS, LLC

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Help

APR 25 2024 K. Brumbley To:

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.

i. N	Same of the limited liability company: CPS SOLUTION	√S, LLC 		
2. (a	655 Metro Place South	(b) 655 Metro Place South		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	Suite 450	Suite 450		
	Dublia, OH 43017	Dublin. O	11 43017	
	02/07/2013	M13000000	5519	
3. 5. (a	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document number	
). (i	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Sta	 te:	
	Registered Office Address	ADDRESS)	-	
	TALLAHASSEE, F	L_32301-2525	202	
	C T Corporation System		>p >p	
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2024 APR 24	
			P	
	NEW Registered Office Address:		- - ~	
	1200 South Pine Island Road		24	
	Plantation, Fl	L 33324	_	
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered office inbility company, it is of the limited liability control in the liability c	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.	
	LOIA GASIC nature of a member or authorized representative of a member	KARA KOROS	EC, MANAGER	
I here provie the of to me notifie By:	ehy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid rely reflect a change in the registered office address, I ed in writing of this change.	gree to act in this cap e performance of my led for in Chapter 60 hereby confirm that NN L. EMERICK, ASSISTAN		

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