Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M15000002613

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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 : (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.

Email Address: _____

RECEIVED
2025 MAY 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
PRIMO CUSTOMER CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

2025 MAY -1 AM 11:42
APPROVED AND FILED

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Electronic Filing Menu Corporate Filing Menu Help

MAY 22 2025
K. Brumbley

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: PRIMO CUSTOMER CARE LLC

2. (a) 2300 Windy Ridge Parkway
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Suite 500N

Atlanta, GA 30339

(b) 2300 Windy Ridge Parkway
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 500N

Atlanta, GA 30339

3. 08/03/2020
Date of filing/registration in Florida

4. M15000002613
Document number

5. (a) REGISTERED AGENT SOLUTIONS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2894 REMINGTON GREEN LANE, SUITE A

TALLAHASSEE, FL 32308

(b) C T Corporation System
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

APPROVED AND FILED
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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.

/s/ David Hass
Signature of a member or authorized representative of a member

David Hass
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.

By: C T Corporation System
Signature of Registered Agent Michele Holden, Asst. Secretary

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

INHS18 (2/14)