Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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,	······································		
To:			
	Division of Co	rporations	
		: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: 120100000062	
	Phone	: (888)705-7274	
	fax Number	: (888)796-7274	
		s for this business entity to be used for ings. Enter only one email address please.	
Ema	il Address:		-
<u></u>			: -

LLC REGISTERED AGENT CHANGE PROBITY CONTRACTING GROUP, LLC

Certificate of Status	0
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	Probity Contracting Group, LI	_C	
		Name of Limited I	Liability Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registere	d Office Change and	I fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to the	following:
Mary Ca	stillo		
	Name of Person		
Register	ed Agent Solutions, Inc.		
	Firm/Company		
Corporat	e Center One, 5301 Southwest Pkwy	Ste 400	
	Address	1-1111111	
Austin, 7	TX 78735		
	City/State and Zip Co	ode	
E-1	nail address: (to be used for futur	e annual report notif	lication)
For furth	ner information concerning this m	atter, please call:	
Mary Ca	stillo	888 at (705-7274
	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
I	Enclosed is a check for the follo	wing amount:	
(□ \$25 Filing Fee	ů s	55 Filing Fee & Certified Copy

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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. Na	me of the limited liability company: Probity Contracting	g Group.	LLC						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 809 M. CHURCH STREET						
			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	FLORENCE, MS 39073	-	FLOREN	CE, MS 39	073				
	11/30/2015	-	M1500000	9577				***	
 (a) 	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Documer	nt number	•			
- · (w)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET AI			te:					
	, Ft	3324		_		· -	2023 HAR		
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered O	\d?		_		: • : • }	AR -	٠٠٠٠ ئىڭ	
	155 Office Plaza Dr.	inee naa	iress:				.2 P#		
	NEW Registered Office Address:			_			2		
	Suite A						32		
	Tallahassee , FL 3	2301		_					
change agent w was/we the artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ling Jonathan M. Harrell	egistered ility cor the limi mited lia	l office an npany, it i ted liabilit	d the busing the best of the business of the b	ness offic onfirmed	e of the r that the c nerwise p	egister change	ed (s)	
/s/ Signat	ure of a member or authorized representative of a member		11411 (4), 114.		typed name				
provisie the obli to mere notified	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided for the reflect a change in the registered office address. I here in writing of this change. Mackenzie Hibler, Asst, Secreta	aforma för in Ci reby coi	uce of miv	duties, änd	d Lam Tan	ullar wit	h and e	iccept	

Signature of Registered Agent