

MI000000 3315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

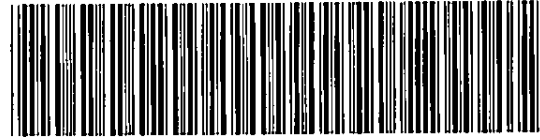
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

AUG 12 2025

Office Use Only



500451968915

RECEIVED

2025 AUG 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 AUG 11 PM 3:54
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953

ORDER FORM

TO , Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM , Melissa Moreau
mmoreau@incserv.com
850.656.7956

REQUEST DATE 08/11/2025

PRIORITY Routine

OUR REF.# (Order ID#) CATHRYNE

ORDER ENTITY

CSI IT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CSI IT, LLC

File the attached change of agent filing.

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSI IT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corry Doyle

Name of Person

CSIRT, LLC

Firm/Company

8665 Baypine Rd Suite 210

Address

Jacksonville, FL 32256-7541

City/State and Zip Code

notices@discern.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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: CS1 IT, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

8665 Baypine Rd Suite 210

Jacksonville, FL 32256-7541

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

8665 Baypine Rd Suite 210

Jacksonville, FL 32256-7541

04/22/2016

M16000003315

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) Discern Registered Agent Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1540 Glenway Drive

Tallahassee, FL 32301

FILED
2025 AUG 11 PM 3:55

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/ Corry Doyle

Corry Doyle

Signature of a member or authorized representative of a member

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.

/s/ Simon Moschou

Signature of Registered Agent