

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H25000264690 3)))



H250002646903ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

2025 JUL 31 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LLC REGISTERED AGENT CHANGE  
TIME SOLUTIONS OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG - 1 2025



July 30, 2025

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TIME SOLUTIONS OF FLORIDA, LLC  
3000 C STREET SUITE 301  
ANCHORAGE, AK 99503

SUBJECT: TIME SOLUTIONS OF FLORIDA, LLC  
REF: M16000007787

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please enter the name used in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H25000264690  
Letter Number: 625A00016866

# 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: TIME SOLUTIONS OF FLORIDA, LLC

2. (a) 3000 C STREET (b) 3000 C STREET  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SUITE 301 SUITE 301  
ANCHORAGE, AK 99503 ANCHORAGE, AK 99503

3. 9/29/2016 4. M16000007787  
Date of filing/registration in Florida Document number

5. (a) COGENCY GLOBAL INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 NORTH CALHOUN STREET, SUITE 4  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

(b) Capitol Corporate Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl  
NEW Registered Office Address:

Tallahassee, FL 32301

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/Peter C. Nosek Peter C. Nosek  
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.

Brian Radecki Brian Radecki, Assistant Secretary on  
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.

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

FILED  
2025 JUL 31 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA