## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : C T CORPORATION SYSTEM

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## LLC REGISTERED AGENT CHANGE HITOUCH BUSINESS SERVICES LLC

Certificate of Status Certified Copy 1 02 Page Count \$55.00 Estimated Charge

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AUG 08 2018

## 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:	USINESS SERVICES L	LC
2. (a)		(b)	Mailing address of limited liability company:
Prii	scipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
320 TEC	H PARK DRIVE STE 100		
LA VER	GNE, TN 37086		
11/10/201	6	M1600006	09050
3 <del></del>	Oate of filing/registration in Florida	4.	Document number
CORPOR	ATION SERVICE COMPANY		
	Agent and Registered Office shown on the record	·	——————————————————————————————————————
·-	Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	
	YS STREET		<del></del>
TALLAI	IASSEE	, FL	
(b)	of NEW Registered Agent and/or NEW Regist	ered Office address:	7711 AUG -7
rance name	The state of the s		
C T Corp	poration System		PP II
NEW Reg	istered Office Address:		
1200 Soc	nth Pine Island Road		
Pkintatio	n	, FL_33324	· 
If the limited lial the change or an agent will be the was/were multar the articles of of	by the company is not organized under the inges are made, the Florida street addres utical. Or, in the case of a Florida limite ized by an affirmative vote of the member granization or the operating agreement of	e laws of the State of less of the registered off	Florida, it is hereby confirmed that after fice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
-1/	inher or authorized representative of a member		Printed or typed name of signee
provisións of all the obligations of to merely reflect	stannes relative to the proper and comp of my position as registered agent as pro a change in the registered office addres		apacity. I further agree to comply with th ny duties, and I am familiar with and acce 505, F.S. Or, if this document is being file at the limited liability company has been
notified in writh C T Corporation	ig of ines change.	Alfred Yo	
Signature of Regist	ered Agent	Assistant Se	ecretary
	Division of Cornerations P	O Roy 6327 Tallah	1955ee FL 32314

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00