5/13/2020

Division of Corporations



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE 360 ACCOUNTING SOLUTIONS LLC

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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.

. (a)			(b)	Mailing address of limited hability company
, ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		· ——-	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	1716 CORPORATE LANDING PARKWAY		1716 CO	RPORATE LANDING PARKWAY
	VIRGINIA BEACH, VA 23454		VIRGIN	IA BEACH, VA 23454
	01/06/2017		M1700000	00188
	Date of filing/registration in Florida	4.		Document number
(61	CORPORATE CREATIONS NETWORK, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	`ADDRE	SS)	_
(b)	SOLUS HIGHWAY I			2020
	NORTH PALM BEACH F	33408 L		2020 HĀT 13
	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registers	d Omcr	nddress:	AIIII: 19
	100° - 100° - 11			-: 79
	NEW Registered Office Address: 1200 South Prite Island Road			
	1200 South File Island Noda	<del></del>		
	Plantation, F	L 33324		
:hange igent v vas/w	imited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members icles of or companion of the kathlan Curay	aws of the regist liability of the limite	ne State of Fered office a company, it imited liability	Florida, it is hereby confirmed that after the the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	nture of a member of authorized representative of a member	_		Printed or typed name of signee
	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, i	gree to e e perfoi led for i	ict in this ca mance of m n Chapter 6 confirm the	pacity. I further agree to comply with the y chities, and I am familiar with and acce 05, F.S. Or, if this document is being file of the limited liability company has been

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

Signature of Registered Agent