

3/25/2019

Division of Corporations

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.

(((H19000099126 3)))



H190000991263ABC4

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 : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: Cereena.Craig@stracongroup.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 25 AM 9:38

APPROVED
AND
FILED

LLC REGISTERED AGENT CHANGE
STRACON SERVICES GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 MAR 25 PM 4:43

Electronic Filing Menu

Corporate Filing Menu

Help

T.C.
03/26/19

03/25/2019 15:39

(FAX)

P.002/003

((H18000099126 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRACON SERVICES GROUP, 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:

CEREENA CRAIG

Name of Person

STRACON SERVICES GROUP, LLC

Firm/Company

6100 SOUTHWEST BLVD STE 510

Address

FORT WORTH, TX 76109

City/State and Zip Code

cereena.craig@stracongroup.com

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

For further information concerning this matter, please call:

URS Agents ATTN Kanetha Bishop

at (**800**)

567-4397

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

APPROVED
AND
FILED
2019 MAR 25 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H18000099126 3)))

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: STRACON SERVICES GROUP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6100 SOUTHWEST BLVD, STE 510
FORT WORTH, TX 76109

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6100 SOUTHWEST BLVD, STE 510
FORT WORTH, TX 76109

3. 05/08/2017 Date of filing/registration in Florida

4. M17000003911 Document number

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

DAVID SHRADER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2510 BROOKSHIRE CIR

WEST MELBOURNE, FL 32904

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

URS AGENTS, LLC

NEW Registered Office Address:

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

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.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent

Kynthia Bishop, Asst. Secretary

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