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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

| in    |     |     |       |         |     |      |          |        |       |        |     |        |
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|       |     |     |       |         |     |      | only on  |        |       |        |     |        |

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## LLC REGISTERED AGENT CHANGE MULTI LATITUDE PROPERTY SOLUTIONS, LLC

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

## 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

|                                          | ame of the limited liability company: IVIUITI TATI                                                                                                                                                                                                                                      |                                          | Property Solutions, LLC                                                                                                                                 |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a)                                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                   | (0)                                      | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                                                                           |
| 7                                        | 05/30/17                                                                                                                                                                                                                                                                                |                                          | M17000004697                                                                                                                                            |
| 3.                                       | Date of filing/registration in Florida                                                                                                                                                                                                                                                  | 4.                                       | Document number                                                                                                                                         |
| 5. (a)                                   | NCH Registered Agent Registered Agent and Registered Office shown on the records of                                                                                                                                                                                                     | the Florida I                            | Dept. of State                                                                                                                                          |
|                                          | res, retaining the registered of the shown of the feedback.                                                                                                                                                                                                                             | ine i iorida                             | Sept. of State.                                                                                                                                         |
|                                          | Registered Office Address (MUST BE FLORIDA STREET)                                                                                                                                                                                                                                      | ADDRESS)                                 | ·····                                                                                                                                                   |
|                                          | 7901 4th St N, STE 300                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                         |
|                                          | St. Petersburg FI                                                                                                                                                                                                                                                                       | _33702                                   |                                                                                                                                                         |
| (b)                                      | Registered Agents Inc                                                                                                                                                                                                                                                                   |                                          |                                                                                                                                                         |
| (0)                                      | Enter name of NEW Registered Agent and/or NEW Registered                                                                                                                                                                                                                                | Office add                               | ress:                                                                                                                                                   |
|                                          | 7901 4th St N                                                                                                                                                                                                                                                                           |                                          | 2                                                                                                                                                       |
|                                          | NEW Registered Office Address:                                                                                                                                                                                                                                                          |                                          | 0231                                                                                                                                                    |
|                                          | STE 300                                                                                                                                                                                                                                                                                 |                                          | 2023 HAY 12                                                                                                                                             |
|                                          | St. Petersburg                                                                                                                                                                                                                                                                          | 33702                                    | 12 PH                                                                                                                                                   |
| the cha<br>agent v<br>was/wa<br>the arti | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the regist<br>ability cor<br>of the limi | ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in |
|                                          | P. I                                                                                                                                                                                                                                                                                    |                                          | ROBIN JONES                                                                                                                                             |

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 natified in writing of this change.

David Roberts - Assistant Secretary

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member