Florida Department of States

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

LLC REGISTERED AGENT CHANGE **SOURCE 1 PURCHASING (DE), LLC**

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COVER LETTER

TO: Registration Section Division of Corporations					
SOURCE 1 PURCHASING (DE), LLC					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Lori Whalen					
Name of Person					
Registered Agent Solutions, Inc.					
Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address					
Corporate Center One, 5301 Southwest Pkwy, Ste 400					
Address					
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
Lori Whalen 88 at (88 705-7274				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount	:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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. Na	ime of the limited liability company:SOURCE 1 PU	JRCHA!	SIN	G (DE), L	.LC			
2. (a)	307 WAVERLEY OAKS ROAD	((b)	307 WA	VERLEY OAF	KS ROA	כ	
<i>2.</i> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 401	`	υ,	401	Mailing address (Note: MAY)		-	
	WALTHAM, MA 02452		-	WALTH	AM, MA 02452	2		
	6/7/2019		M	1900000	5712			
3.	Date of filing/registration in Florida	4.			Document nu	ımber		
5. (a)	TRAC - The Registered Agent Company							
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	ia D	ept, of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET) 236 E. 6th Avenue	ADDRES	S		-			
	Tallahassee	32303			_			
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		2023 DEC	÷	
	2894 Remington Green Ln.	. Other a	<u> </u>	<u> </u>		••.	-6 PH	
	NEW Registered Office Address:				-	-	ယ္	1
	Ste. A				_		: <u> </u>	
	Tallahassee . FI	32308						
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir	red om nite	office and pany, it is a contract of the contr	d the business s hereby confi y company or npany.	office of rmed that as other	f the reg it the ch wise pro	gistered lange(s) ovided in
ls)	Jaclyn Wright	Ja	clyr	Wright		Authoria		erson
·	ure of a member or authorized representative of a member				Printed or types		_	
provision the obli to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I it is writing of this change.	ree to ac perform d for in hereby c	t in tan Che onj	this capa ce of my a apter 605 firm that i	acity. I furthe duties, and I a , F.S. Or, if ti the limited lia	r agree t im famili his docui bility coi	o comp ar with ment is mpany h	ly with the and accept being filed as been
Signatur	Mackenzie Hibler, Asst. Secre	etary						