

M19 000000 6182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

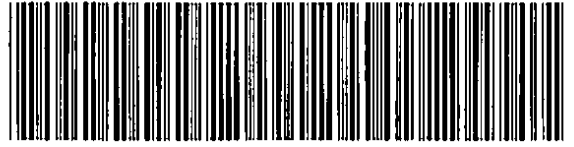
(Business Entity Name)

(Document Number)

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2023 JUN -1 PM 4:26
STAFF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM MANAGEMENT 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:

Yvette Perez

Name of Person

TEAM MANAGEMENT GROUP, LLC

Firm/Company

17 West Pine Street

Address

Orlando, FL 32801

City/State and Zip Code

Yvette@TeamManagementGroup.com

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

For further information concerning this matter, please call:

Yvette Perez

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930=3409

at ()

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

2023 DEC -1 PM 4:25
SIGNED

**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: TEAM MANAGEMENT GROUP, LLC

2. (a) 17 West Pine Street, 2nd Floor, Orlando, FL 32801
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 17 West Pine Street, 2nd Floor, Orlando, FL 32801
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 06/24/2019 Date of filing/registration in Florida

4. M19000006182 Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET, TALLAHASSEE, FL 32301-2525

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

(b) **(**NO CHANGE**)**
Enter name of NEW Registered Agent and/or NEW Registered Office address:

(NO CHANGE**)** => We only need to update the SIGNATURE associated
NEW Registered Office Address:
with the R.A. It should show "CSC", and not the prior name of "John Dobson".

_____, FL _____

2023 JUN -1 PM 4:26
CLERK OF COURT
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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.

Kathryn Smith
Signature of a member or authorized representative of a member

Kathryn Smith, Esquire
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.

CSC
Signature of Registered Agent