## M19 000006674

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					

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CSC - WILMINGTON 251 Little Fall's Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX



To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 17, 2019

Order#: 895742-009

Re: CTVICPLUS, LLC

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$25.

Please take the following action:

XXFile in your office on a routine basis.XXIssue Proof of Filing.XXPlease return evidence to the following:

Attn: Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

١.	Na	me of the limited liability company; <u>CIVICPLUS, LL</u>	_C	
2 (	່ ລ ໂ	302 S 4TH STREET, STE 500	(b)	302 S 4TH STREET, STE 500
(	,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MANHATTAN, KS 66502		MANHATTAN, KS 66502
		06/26/2019		M1900006674
3.		Date of filing/registration in Florida	-+	Document number
-	<i>(</i> )	INCORP SERVICES, INC.		
5.	(ម)	Registered Agent and Registered Office shown on the records of	the Florada I	Dept. of State:
		17888 67TH COURT NORTH Registered Office Address (MUST BE FLORIDA STREET)		*
		Registered Office Address (MUST BE FLORIDA STREET)	<u>4008653)</u>	
		····· ·		
		LOXAHATCHEE . FL	. 33470	
ſ	b)	Corporation Service Company		Iness:
(	0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	
		1201 Hays Street		tion C
		NEW Registered Office Address:		
		<b>-</b>		
		Tallahassee, FL	32301	
the e ager wasa the a	cha nt w /we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability con of the limit	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		ure of a member or authorized representative of a member	Jill Ci	ilmi, Authorized Person
Si	gnat	ure of a monther or authorized representative of a member		Printed or typed name of signee
prov the c to m	asie obli iere	by accept the appointment as registered agent and agr pors of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.	ve to act i performa d for in Cl hereby cor	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
		Mars Artichil		

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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