M19 0000 10085

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)
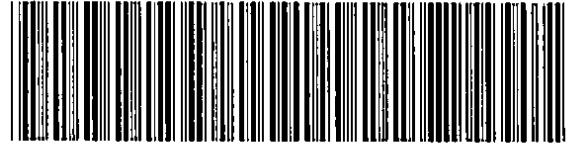
Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

JUL 13 2023

Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 07/12/2023

WALK IN

ENTITY NAME MODULARDESIGN+, LLC

DOCUMENT NUMBER

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXX   Plain Copy

_____   Certified Copy

_____   Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____   Certified Copy of Arts & Amendments

_____   Certificate of Good Standing

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION

NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED $25

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. **Thank you** so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MODULARDESIGN+, 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:

Cassandra Leo
_____
Name of Person

Harbor Compliance
_____
Firm/Company

1830 Colonial Village Ln
_____
Address

Lancaster, PA 17601
_____
City/State and Zip Code

cleo@harborcompliance.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cassandra Leo   at (717) 844-5937
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:

☑ S25 Filing Fee   ☐ S55 Filing Fee & Certified Copy

INHS18 (2/14)

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: __ModularDesign+, LLC-__

2. (a) __1400 Westpark Way, Euless, TX 76040__

Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) __50 Fountain Plz Ste 200, Buffalo, NY 1420:__

Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. __10/18/2019__

Date of filing/registration in Florida

4. __M19000010085__

Document number

5. (a) __CT CORPORATION SYSTEM__

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

__CT CORPORATION SYSTEM__

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

__1200 SOUTH PINE ISLAND ROAD__

__Plantation__ , FL __33324__

(b) **Registered Agents Inc**

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg , FL **33702**

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.

/s/ Josh Mensinger

Signature of a member or authorized representative of a member

Josh Mensinger

Printed or typed name of signee

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

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

INHS18 (2/14)