M19 0000 12208

(Re	questor's Name)				
bA)	dress)				
(Address)					
(Ĉity/State/Zip/Phone #)					
PICK-UP		MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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06/08/21--01027--015 ++25.00



Office Use Only



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

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Date: June 4, 2021

Order#: 838990-021

Re: AGENT SERVICE CONNECTION, LLC

Enclosed please find:

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

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper 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.

1. Na	ame of the limited liability company:	RVICE CONN	ECTION, LLC		
2. (a)	1343 Main Street, Suite 500		(b) 8374 Market Street, Suite 444		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	limited liability company: <u>EPOST OFFICE BOX</u>)	
	Sarasota, FL 34232	·	Lakewood, FL 34202		
	12/26/2019	N	119000012208		
3.	Date of filing/registration in Florida	4.	Document nun	nber	
5. (a)	C T Corporation System				
(-)	Registered Agent and Registered Office shown on the record	s of the Florida E	Dept. of State:		
	1200 South Pine Island Road			222	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADD <u>RESS)</u>		101 122	
	Plantation	FL33324		8 	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	ered Office addr	<u>'css</u> :	- <u>-</u> 2	
	<u>NEW</u> Registered Office Address:		<u>_</u>		
	1201 Hays Street				
	Tallahassee	FL			
change agent w was/we the arti- /s/ Jil	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membe cles of organization or the operating agreement of 1 Cilmi	the registered I liability com rs of the limite the limited lia	office and the business o pany, it is hereby confirm ed liability company or as	office of the registered ned that the change(s)	
Signat	ure of a member or authorized representative of a member		Printed or typed r	name of signee	
l herel provisi the obli to mere notified	by accept the appointment as registered agent and to ons of all statutes relative to the proper and comple- igations of my position as registered agent as prove by reflect a change in the registered office address, I in writing of this change.	ete performan ided for in Ch I hereby con Corporation	ce of my duties, and I am apter 605, F.S. Or, if this firm that the limited liabi Service Company	Familiar with and accept s document is being filed lity company has been	
Signatur	re of Registered Agent	Amı M. Cas	sper, Asst. Vice Preside	ent	

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

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