pg 1 of 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

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

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

Email	Address:		
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LLC REGISTERED AGENT CHANGE TARGETED STRATEGIES (WASHINGTON) LLC

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TARGETED STRATEGIES (WASHINGTON) 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:
Joshua Murphy
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
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 report notification)
For further information concerning this matter, please call:
Joshua Murphy at (888) 705-7274
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
Englosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

I. Nam	ne of the limited liability company: TARGET	ED STRATEG			
	0076 CHICKADEE WAY	_(b) 9076	CHICK	ADEE WAY	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DI AINIE MAA QR230_5700		Mailing address o	of limited liability compar SE POST OFFICE BOX 98230-570	ıy: I
_	BLAINE, WA 98230-5700		IAE, VA	30200 0700	
-	10/27/2021	M2100	00014355		
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5. (a) <u>[</u>	BLUMBERGEXCELSIOR CORPORATE S	ERVICES, INC.			
R	Registered Agent and Registered Office shown on the records 155 OFFICE PLAZA DR., 15	ST FL	nie:		
Ī	Registered Office Address (MUST BE FLORIDA STREE	<u>T_ADDRESS)</u>		7 E	
•	TALLAHASSEE	_{FL} 32301	-	TALLAHASSEE FLORIC	4114
(b) [Registered Agent Solutions, Inc.	·	_	17 P	, T
(U) _	Enter name of NEW Registered Agent and/or NEW Register	red Office address:		3	. (
	155 Office Plaza Dr.		_	ORIGINAL TO THE PROPERTY OF TH	2
	NEW Registered Office Address:			, •	
	Suite A	<u> </u>			
	Tallahassee	_{FL} 32301			
the charagent w	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membeoles of organization or the operating agreement of	of the registered off Hiability company, it is of the limited liabi	t is hereby conf lity company of	firmed that the chang	e(s)
	ebra Lewis-Mahon	Debra Lew	is-Mahon	Manager	
Signate	ure of a member or authorized representative of a member			ed name of signee	
provision the oblimate to mere	oy accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov by reflect a change in the registered office address I in writing of this change.	ided for in Chapter 6, I hereby confirm the	apacity. I furth ny duties, and I 505, F.S. Or, if at the limited li	er agree to comply v am familiar with and this document is bei ability company has	vah the t accep ng filea been
/ , -	Mackenzie Hart, Asst. Secretary				