

M220000550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

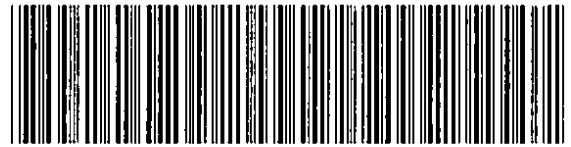
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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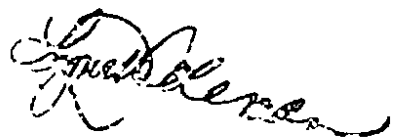


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2024 JUL 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUL 17 AM 11:20
RECEIVED

R. PLANT
07/17/24

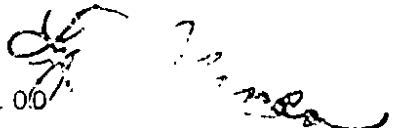
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500



ACCOUNT NO. : I20000000195

REFERENCE : 537135 8305726

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : July 5, 2024

ORDER TIME : 8:37 AM

ORDER NO. : 537135-017

CUSTOMER NO: 8305726

CHANGE OF AGENT

NAME: CIVICAScript, LLC

2024 JUL 17 AM 10:00
CLERK OF STATE
TALLAHASSEE, FL
110

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

**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: CIVICAScript, LLC

2. (a) 2912 W. Executive Parkway, Suite 300
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

Lehi, UT 84043

01/06/2022

M22000000350

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agents Inc.

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

7901 4th Street N, Suite 300

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg, FL 33702

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

2021 JAN 17 AM 10:00
CLERK OF STATE
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 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/ Jennifer M. Spalding

Signature of a member or authorized representative of a member

Jennifer M. Spalding, Authorized Person

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.

Ami M. Casper
Signature of Registered Agent

Corporation Service Company

Ami M. Casper, Asst. Vice President

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