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Division of Corporations

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

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LLC REGISTERED AGENT CHANGE 4D TECH SOLUTIONS, LLC

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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	me of the limited liability company: 4d Tech Solutions.	, LLC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limited line (Note: MAY BE POST O	ability company:
		401 10TH STREET			3110 FAIR	VIEW PARK DRIVE, S	TE 800
		FAIRMONT. WV 26554 03/24/2022			FALLS CH	IURCH. VA 22042	
					M220000044	482	
3.5.	(a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	_	1	Document number	
J	14)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	;				
		Registered Office Address (MUST BE FLORIDA STREET A	2021				
		TALLAHASSEE, FL_	32301				2024 .j
(b)	Corporate Creations Network Inc.		12			
,	Enter name of NEW Registered Agent and/or NEW Registered Office a						:: :0
		801 US Highway I					?? 35
	NEW Registered Office Address:						
		North Palm Beach, FL_	33408				
char ager was	nge nt w /wc	mited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of f the li	ere cor imi	I office and npany, it is ted liability	the business office of hereby confirmed that company or as otherw	the registered the change(s)
		ure of a member or authorized representative of a member	<u>M</u>	arj		orney-in-Fact	
I he prov the c to m noti	rel visio obli iere fied	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	perfori for in ereby	ma Col	n this capa nce of my d hapter 605, nfirm that th	uties, and I am familia F.S. Or, if this docum he limited liability com	comply with the
Sign	atu	re of Registered Agent	Μ	1ar_	ja Souza, S _l	pecial Secretary	