## M2200013089

| (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<br>JUN - 5 2024                |

Office Use Only

## 500429633765

FILED 2024 JUH -4 AM 9: 37



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

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|              | ACCOUNT NO.   | : | 12000000195            |
|--------------|---------------|---|------------------------|
|              | REFERENCE     | : | 120000000195<br>481492 |
|              | AUTHORIZATION | : | a terade               |
|              | COST LIMIT    | : | \$ 25.00               |
|              |               |   |                        |
| ORDER DATE : | May 31, 2024  |   |                        |
| ORDER TIME : | 1:52 PM       |   |                        |
| ORDER NO. :  | 481492-007    |   |                        |
| CUSTOMER NO: | 8449766       |   |                        |
|              |               |   |                        |
|              |               |   |                        |

## CHANGE OF AGENT

NAME: BOOTH MANAGEMENT CONSULTING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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.

| N:<br>(a) | 7230 LEE DEFOREST DR.   |                  | (b) 7230     | LEE DEFOREST    | DR.  |
|-----------|---|------------------|--------------|-----------------|--|
| (1)       | Principal office address of limited liability compa-<br>( <u>Note: MUST BE STREET ADDRESS</u> ) |                  | (0)          | •               | limited liability company:<br><u>POST OFFICE BOX</u> ) |
|           | SUITE 103   |                  | SUIT         | E 103           |  |
|           | COLUMBIA, MD 21046  |                  | COLL         | JMBIA, MD 21046 |  |
|           | 08/19/2022  |                  | M2200        | 00013089        |  |
|           | Date of filing/registration in Florida  | 4.               |              | Document nun    | ıber   |
| (a)       | URS AGENTS, LLC   |                  |              |                 |  |
| ,,        | Registered Agent and Registered Office shown on the rec   | ords of the Flor | ida Dept. of | f State:        |  |
|           | 3458 LAKESHORE DRIVE  |                  |              |                 |  |
|           | 3458 LAKESHORE DRIVE<br>Registered Office Address (MUST BE FLORIDA ST                           | REET ADDRE       | <u>SS)</u>   |                 | 2024 J   |
|           |   | 32312            |              |                 | 2024 JUN -4  |
| (b)       | Registered Office Address <u>(MUST BE FLORIDA ST</u><br>TALLAHASSEE                             | FL_32312         | 2            |                 | 2024 JUN -1 MM   |
| (b)       | Registered Office Address (MUST BE FLORIDA ST   | FL_32312         | 2            |                 |  |
| (b)       | Registered Office Address <u>(MUST BE FLORIDA ST</u><br>TALLAHASSEE                             | FL_32312         | 2            |                 |  |
| (b)       | Registered Office Address  (MUST BE FLORIDA ST    TALLAHASSEE                                   | FL_32312         | 2            |                 |  |
| (b)       | Registered Office Address  (MUST BE FLORIDA ST    TALLAHASSEE                                   | FL_32312         | 2            |                 |  |

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/Robin Booth

**Robin Booth** 

Signature of a member or authorized representative of a member

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. race ( Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00 481492-7