8/22/25, 10:03 AM Division of Corporations

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.

(((H25000295090 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address:	
----------------	--

LLC REGISTERED AGENT CHANGE SPRINGBOARD OUTSOURCED SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

AUG 25 2025

1/1

Electronic Filing Menu Corporate Filing Menu

Help

Aug 22, 2025 07:05 To: -18506176383 Pege, 2/2 Fax: 18134365206

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. Na	nne of the limited liability company:	OUTSOURCED SER	VICES LLC	
2. (a)	8 The Green	(b) 8 The Gr	een	
, ,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	
	£15740	#15740		
	Dover DE 19901	Dover NJ	19901	
	06/23/23	M23000008	8584	
3.	Date of filing/registration in Florida	4.	Document number	· · · · · · · · · · · · · · · · · · ·
5. (a)	COGENCY GLOBAL, INC			
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Sta	nte:	~
	115 NORTH CALHOUN STREET			2025.
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	-	
	SUITE 4			72 17.
	TALLAHASSEE .FL	32301	_	* 1 ***********************************
	Northwest Registered Agent LLC	, 	· .	THO: 43
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- -	చ్
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300		_	
	St. Petersburg . FL	33702		
the cha agent v was/wo the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered offic bility company, it f the limited liabili	ce and the business of is hereby confirmed t ity company or as oth	ffice of the registered that the change(s)
Signal	ure of a member or authorized representative of a member	ivat Silliti	Printed or typed name	of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'in writing of this change.	performance of my I for in Chapter 60 ereby confirm tha	nacity I further agre	e to comply with the