

P65000091216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 24 2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mosaic Consulting Inc  
Name of Corporation

DOCUMENT NUMBER: P05000091216

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan Maraganis

Name of Contact Person

Mosaic Consulting Inc

Firm/Company

1000 Parkwood Cir SE Ste 940

Address

Atlanta GA 30339

City/State and Zip Code

joan.maraganis@mosaiclegalops.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Maraganis

Name of Contact Person

at (6616442316)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mosaic Consulting Inc
2. The principal office address: 1000 Parkwood Cir SE ste 940 Atlanta GA 30339
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/27/2005 Document number: P05000091216
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michelle Hamilton

1514 Sunset Village

Clermont FL 34711

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ashley Hunt

601 S. 9th Street

P.O. Box NOT acceptable

Leesburg, FL 34748

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Dan Hamilton CEO  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

3/24/23

Date

If signing on behalf of an entity:

J  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS,  
P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)