P6500091216

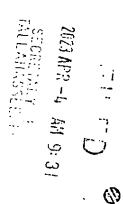
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
· (B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
J	HORNE
ر	UN 2 4 2023

Office Use Only



500405913855

04/04/23--01015--015--++35.09





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mosaic Cunsulting 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 at (6616442316)
Name of Contact Person 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

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

i. The name of	of the corporation: Mosaic Consulting Inc		
2. The princip	pal office address: 1000 Parkwood Cir SE ste 940 Atlanta GA 30339		
3. The mailin	g address (if different):		_
4. Date of inc	orporation/qualification: 6/27/2005 Document number: P05000091	216	_
5. The name a Florida Dep	and street address of the current registered agent and registered office on file with partment of State: (If resigned, enter resigned)	ı the	
	Michelle Hamilton		
	1514 Sunset Village		
	Clermont FL 34711		
6. The name a (if changed)	nd street address of the new registered agent (if changed) and /or registered office):	æ Fara ka	
	Ashley Hunt	בררי פרכיו במוני	
	601 S. 9th Street	APR FEAS	**************************************
	P.O. Box NOT acceptable	25年 4	~
	Leesburg, FL 34748	<u> </u>	. 7
The street add as changed wi	ress of its registered office and the street address of the business office of its identical.	registered agent,	ت
Such phange w	vas authorized by prodution duly adopted by its board of directors or by an other board, or the corporation has been notified in writing of the change.	• -	0
IMA	Dan Homitten	CEA	
-	ture of an officer or director Printed or typed name and title	<u> </u>	
hereny accept further agree	t the appointment as registered agent and agree to act in this capacity.		
	to comply with the provisions of all statutes relative to the proper and comp and I am familiar pith and accept the obligation of my position as registered inv filed marging to reflect a change in the margin of my position.		
	ing filed merely to reflect a change in the registered office address, I hereby speen notified in writing of this change.	confirm that the	
	3/)(/) ?		
	grature of Besidered Agent		
إبخر			
	chaff of an entity:		

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