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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



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## LLC REGISTERED AGENT CHANGE O'CONNELL FLORKIEWICZ CONSULTING, LLC

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K. SALY

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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. N	ame of the limited liability company:	RKIEW	ICZ CONSUL	TING, LLC	
2. (a)	7901 4th St N		(b) 7901 4th St N		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 300		STE 300		
	St. Petersburg FL 33702		St. Petersl	burg FL 33702	
	08/16/21		L210003658	315	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	DAO, DAN D. MR.				
J. (4)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	te:	
(b)	940 SUNSET ROAD				
	Registered Office Address (MUST BE FLORIDA STREET)	美量 五			
	WEST PALM BEACH . FL	33401		TILLE PILES	
	Northwest Registered Agent LLC				
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddress:	. 5	
	7901 4th St N			C	
	NEW Registered Office Address:			_	
	STE 300		<u></u> _	-	
	St. Petersburg , FL	33702			
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reg ability of the li limited	gistered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	perfor. d for in hereby	mance of my Chapter 60, confirm that	duties, and I am familiar with and accept	
Signatur	Taylor Newman - Assistant Si ire of Registered Agent	ecretary			