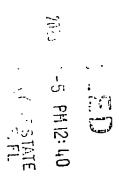
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: A I Hunt Consulting, LLC Name of Limited Liability Company					
Name of Lii	mited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Odiator Acuan					
Odiator Arugu Name of Resson					
Pro Se Doc, Inc. Firm/Company					
1510 E. Colonial Dr., Sta-	303				
Grlando, FL. 32803 City/State and Zip Code	 				
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please of	call:				
Odiator Arngu at (407,921-1723 Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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. Na	ame of the limited liability company: _A _T Hun	it Consu	uting, LLC	
	14343 Stonebriar May		3 Stonebriar	Way
2. (a)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_ ` ' —	Mailing address of limited liabili (Note: MAY BE POST OFF)	ty company
	Orlando, FL. 32826	Q-1/a	ndo, FL. 328	703
	10/20/2021	1.710	00457964	
3.	Date of filing/registration in Florida	4.	Document number	
5 ()	Odiator Arngu			
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State	– e:	
	1510 East Colonial Dr. 5	Ae-303		
	Registered Office Address (MUST BE FLORIDA STREET AI		-	
			_	
	Orlando	32803	73. X	
	Prose Doc Inc.			,
(b)			ا · ت ·	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice address:	; ~ ~	p 9 8 8
	1510 East Colonial dr., S	10.303	- FATA -	5 5
	NEW Registered Office Address:	,		,
			_	
	Orlando FL	32803	_	
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an aftirmative vote of the members of cles of organization or the operating agreement of the liable of a member or authorized representative of a member	egistered office and oility company, it is the limited liability imited liability con	d the business office of the s hereby confirmed that the y company or as otherwise	registered c change(s) provided in
			· · · · · · · · · · · · · · · · · · ·	
provisi the obl to merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in this cape erformance of my c for in Chapter 605 ereby confirm that i	acity. I further agree to co duties, and I am familiar w i, F.S. Or, if this document the limited liability compar	mply with the ith and accept is being filed ny has been

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