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To:

Division of Corporations

Fax Number : (850)617-6383

From:

دی آئیہ

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE RISTINE CONSULTING LLC

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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.

rioriaa.	Conquiting LLC
1. Name of the limited liability company: MISTITE	e Consulting LLC
2. (a)	(b)
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL	St. Petersburg FL 33702
01/05/22	L22000013306
3. Date of filing/registration in Florida	4. Document number
5. (a) RISTINE, JOSEPH Registered Agent and Registered Office shown on the recor 8876 AC SKINNER PARKWAY Registered Office Address (MUST BE FLORIDA STR.) UNIT 4517 JACKSONVILLE (b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Agent Agen	FILED
St. Petersburg	□ 233702 □ FL 33702
the change or changes are made, the Florida street addre agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of Signature of a member or authorized representative of a member.	ne laws of the State of Florida, it is hereby confirmed that after iss of the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in f the limited liability company. Riley Park Printed or typed name of signce d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ss. I hereby confirm that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent