## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: CAROLINE LARSON

Electronic Signature of Signing Authorized Person(s) Detail

# FEI Number: NOT APPLICABLE Name and Address of Current Registered Agent:

7901 KINGSPOINTE PKWY STE 17

**Current Principal Place of Business:** 

LARSON, CAROLINE 7901 KINGSPOINTE PKWY STE 17 ORLANDO, FL 32819 US

DOCUMENT# L05000031933

7901 KINGSPOINTE PKWY STE 17

**Current Mailing Address:** 

ORLANDO, FL 32819 US

ORLANDO, FL 32819

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE: CAROLINE LARSON

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	AMBR
Name	LARSON, CAROLINE G
Address	7901 KINGSPOINTE PKWY STE 17
City-State-Zip:	ORLANDO FL 32819

06/04/2020 AMBR



Entity Name: LARSON ACCOUNTING & CONSULTING SERVICES, LLC

### FILED Jun 04, 2020 Secretary of State 6122331166CC

Certificate of Status Desired: No

Date

06/04/2020 Date