that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: ERIC BROEKX	AUTHORIZED MEMBER

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

Entity Name: MARYBU CONSULTING LLC

## Current Principal Place of Business:

4512 STELLA STREET KISSIMMEE, FL 34746

## **Current Mailing Address:**

52 RILEY ROAD UNIT 423 CELEBRATION, FL 34747 US

## FEI Number: 33-1227155

## Name and Address of Current Registered Agent:

BROEKX, ERIC 52 RILEY ROAD UNIT 423 CELEBRATION, FL 34747 US

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:	ERIC BROEKX			03/05/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	BROEKX, ERIC	Name	LIBIOUL, MARIE-CLAIRE	
Address	52 RILEY ROAD 423	Address	52 RILEY ROAD 423	
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	CELEBRATION FL 34747	

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

03/05/2024 Date