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: LUANDA PEREZ MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

|--|

DOCUMENT# L14000120386

Entity Name: PA CONSULT SVCS, LLC

Current Principal Place of Business:

650 NE 32ND ST 3203 MIAMI, FL 33137

Current Mailing Address:

650 NE 32ND ST 3203 MIAMI, FL 33137 US

FEI Number: 47-1496582

Name and Address of Current Registered Agent:

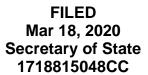
PEREZ, LUANDA 650 NE 32ND ST 3203 MIAMI, FL 33137 US

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: | LUANDA PEREZ | | | 03/18/2020 |
|-------------------------------|--|-----------------|------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title 0 | CEO | Title | MANAGER | |
| Name F | PEREZ, LUANDA Y | Name | PEREZ, FRANK | |
| | 650 NE 32ND ST 3203 | Address | 650 NE 32ND ST 3203 | |
| City-State-Zip: N | MIAMI FL 33137 | City-State-Zip: | MIAMI FL 33137 | |

Certificate of Status Desired: No

03/18/2020



Date