# SIGNATURE: PAUL HOULDSWORTH

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

Current Principal Place of Business: 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702

### **Current Mailing Address:**

4700 MILLENIA BOULEVARD SUITE 175 PMB 92445 ORLANDO, FL 32839 US

DOCUMENT# L19000138153

#### FEI Number: 84-1960927

#### Name and Address of Current Registered Agent:

Entity Name: KICKSTAND CONSULTING LLC

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	HOULDSWORTH, PAUL	Name	HOULDSWORTH, SUMA
Address	7901 4TH ST N STE 300	Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

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

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2020 Secretary of State 2196960794CC

Date

Certificate of Status Desired: No

01/08/2020 Date