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. 03/25/2024 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

SIGNATURE: BRENDA EILERS Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	EILERS, BRENDA	Name	SIDELL, SCOTT F
Address	550 NORTH REO STREET, STE 300	Address	550 NORTH REO STREET, STE 300
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

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.

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L2000009247

Entity Name: 6S BUSINESS SOLUTIONS CENTER, LLC

Current Principal Place of Business:

550 NORTH REO STREET **STE 300** TAMPA, FL 33609

Current Mailing Address:

550 NORTH REO STREET **STE 300** TAMPA, FL 33609 US

SIGNATURE:

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

Date

FILED Mar 25, 2024 Secretary of State 8131945095CC

Date

Certificate of Status Desired: No