| Authorized Person(s) Detail :   |  |
|---|--|
| Electronic Signature of Registered Agent  | Date   |
| SIGNATURE: MONTAS WINSOR  | 01/23/2024   |
| The above named entity submits this statement for the purpose of changing its registered office or re | egistered agent, or both, in the State of Florida. |
| MONTAS, WINSOR<br>551 NE 27TH STREET<br>G<br>POMPANO BEACH, FL 33064 US                               |  |
| Name and Address of Current Registered Agent:   |  |
| FEI Number: NOT APPLICABLE  | Certificate of Status Desired: No                  |
| G<br>POMPANO BEACH, FL 33064 US   |  |
| 551 NE 27TH STREET  |  |
| Current Mailing Address:  |  |
| G<br>POMPANO BEACH, FL 33064  |  |
| Current Principal Place of Business:<br>551 NE 27TH STREET  | 3417017333CK                                       |
| Entity Name: WHD FINANCIAL CONSULTANT PROFESSIONAL LLC  | Secretary of State<br>9417817335CR                 |
| DOCUMENT# L20000333032  | 0411 20, 2024                                      |

Title

Name

Address City-State-Zip: MGR

ESTIME, HADLEY

1048 IROQUIS AVENUE

FORT LAUDERDALE FL 33312

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000353652

Title

Name

Address

MGR

DAVILMA, STERVENS

City-State-Zip: FORT LAUDERDALE FL 33312

1048 IROQUIS AVENUE

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.

MGR

SIGNATURE: ESTIME, HADLEY

Electronic Signature of Signing Authorized Person(s) Detail

Date

01/23/2024

FILED Jan 23, 2024