Florida Department of State

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To:

Division of Corporations

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REGISTERED AGENT CHANGE STOLTENBERG CONSULTING INCORPORATED

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is:	STOLTENBERG CONSULTING INCORPORAT	ED	
2. (a) Principal office address of the limited liability comp	pany: 24307 MAGIC MOUNTAIN PARKY	VAY #76	
(Note: MUST BE STREET ADDRESS)	VALENCIA CA 91355	VALENCIA CA 91355	
(b) Mailing address of limited liability company:	24307 MAGIC MOUNTAIN PARKWA	NY #76	
(Note: MAY BE POST OFFICE BOX)	VALENCIA CA 91355		
6/9/2023	F23000003569		
 Date of filing/registration in Florida (a) Registered Agent and Registered Office shorters. 	 Document number own on the records of the Florida Dept. of STOLTENBERG, SHERI L 	State:	
Registered Agent:	530 GREENBRIER AVENUE		
Registered Office Address:	KISSIMMEE, FL 34747		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Corporate Creations Network Inc.		
NEW Registered Office Address:	901 HS High 1		
(MUST BE FLORIDA STREET ADDRESS	801 US Highway 1		
Med Bill Edmond Man.	North Palm Beach FL 3340	8	
If the limited liability company is not organized under the or changes are made, the Florida street address of the regi identical. Or, in the case of a Florida limited liability com an affirmative vote of the members of the limited liability the operating agreement of the limited liability company.	istered office and the business office of the register inpany, it is hereby confirmed that the change(s) was company or as otherwise provided in the articles of	red agent will be as/were authorized by	
(Signature of a member or authorized representative of a member	er)		
Evin Law, Attorney-in-Fact (Printed or Typed name of signee)			
I hereby accept the appointment as registered agent and a of all statutes relative to the proper and complete perforn my position as registered agent as provided for in Chapte in the registered office address, I hereby confirm that the win Law	nance of my duties, and I am familiar with and acc er 605, F.S. Or, if this document is being filed to m	ept the obligations of nerely reflect a change ing of this change.	
(Signature of Registered Agent)		2021	
Division of Corporations, P	O. Box 6327, Tallahassee, FL 32314	2024 H.Y	
Computershare Governance Services Inc.		Y - 7	
North Palm Beach FL 33408		<u> </u>	
(561) 694-8107			