Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE CASUAL INVESTMENT CONSULTANTS LLC

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12/9/2024+11:47.49 PST To: 18506176383 Page: 2/2 Fex: 8134365206

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	7901 4th St N	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		
	St. Petersburg, FL 33702		
	02/18/2004	L040	000013179
	Date of filing/registration in Florida	4.	Document number
(a)	PEARSON, PHILLIP L		
,,	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	14221 EDINBURGH MOOR DR		
	WIMAUMA	L_33598	
	Registered Agents Inc		202
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	2624 DEC
			6-3
	7901 4th St N		• 177
	NEW Registered Office Address:		
	STE 300		—— · က : က်
	St. Petersburg	33702	. ' w
cha nt v /we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compa- of the limited	d office and the business office of the regist my, it is hereby confirmed that the change(s liability company or as otherwise provided
; 	ture of a member or authorized repulsentative of a member	Robin Jor	nes
~	- Care -	·	Printed or typed name of signee

Signature of Registered Agent

notified in writing of this change.

David Roberts

- Assistant Secretary