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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Copies Certificates of Status

Instructions to Filing Officer:





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PMIL: 4.

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2023 HAY -- 3 AM II: 25

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 705150 8356151

AUTHORIZATION :

COST LIMIT : (\$'`25.00

ORDER DATE: April 26, 2023

ORDER TIME : 9:58 AM

ORDER NO. : 705150-020

CUSTOMER NO: 8356151

CHANGE OF AGENT

NAME: WA CONSULTING, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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.

I. Na	ame of the limited liability company: WA CONSULTI	ING, L.L.	C.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	33920 U.S. HIGHWAY 19 NO. SUITE 151		33920 U.	S. HIGHWAY 19 NO. SUITE 151
	PALM HARBOR, FL 34684	<u> </u>	PALM HA	RBOR, FL 34684
	05/07/2012		L1200006	1399
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State COGENCY GLOBAL INC.			2823 MAY
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.		
	115 N. Calhoun Street Suite 4			رل
	Tallahassee , FI	32301		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	1 Office ad	ldress:	_
	NEW Registered Office Address:			
	1201 Hays Street			-
	Tallahassee, FL	32301		_
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co	ed office and ompany, it is sited liability	d the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in
/s/ JILL CILMI			_ CILMI, AU	THORIZED PERSON
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I limbriting of this change.	ee to act perform d for in C hereby co	in this cape ance of my a Thapter 605 onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatur	Those C-Kinbly re of Registered Agent	GRACE	E. KIRBY.	ASST. VICE PRESIDENT