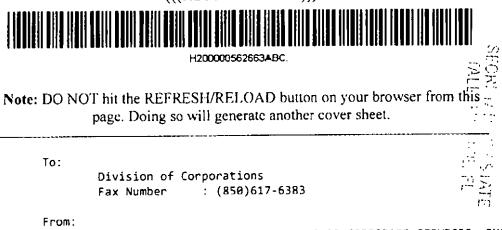


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000056266 3)))



Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

LLC REGISTERED AGENT CHANGE ALBEER CONSULTING LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

SIMMONS

FEB 20 2020

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2020-02-19 14:56 CST

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.

| 1. Na | me of the limi | ted liability company: ALBEER | CONSULT | ING LLC | | | |
|-------------------------------|---|---|---|--|--|--|-------------------------------|
| | | office address of limited liability compan | | | Mailing address of limited liab | | |
| | Principal (No. | office address of limited liability compan | y : | | Mailing address of limited liab (Note: MAY BE POST OF. | ility company <i>FICE BOX</i>) | r. |
| | | ve, #4604 | | 2900 7t | h Ave, #4604 | | |
| | MIAMI | , FL 33137 | | MIAMI | ्रे े FL 33137 | | |
| | 00/05/004 | | | L140000 | 00100 | | |
| | 06/05/2014 | of filing/registration in Florida | | 1.140000 | Document number | | - |
| 3. | | | | | | | |
| 5. (a) | Registered Apon | t and Registered Office shown on the reco | rds of the Florid | a Dept. of Stat | te: | | |
| | FAISAL AL | | | | -d € | 202 | |
| | Registered Offic | e Address (MUST BE FLORIDA STE | BET ADDRES | 5) | | 2020 FEB | ٠- ! |
| | 5838 COL | LINS AVE APT 8D | | | _ | | |
| | MIAMI BEA | ACH | _, FL_33140 |) | | 9 | # C |
| | | | | | | AH 10: 00 | 1 |
| (b) | | EW Registered Agent and/or NEW Regi | annual Office of | Idres: | - wi | | ¢., |
| | | | | | - ; | | |
| | BLUMBER | GEXCELSIOR CORPORAT | E SERVICI | ES, INC. | | | |
| | NEW Registero | d Office Address: | | | | | |
| | 155 Office | Plaza Drive, 1st Fl. | | | _ | | |
| | TALLAHAS | SSEE | , FL_3230 | 1 | _ | | |
| ibe cha egent v | nge or change: vill be identica | company is not organized under to sare made, the Florida street address. Or, in the case of a Florida limit by an affirmative vote of the membation or the operating agreement of | he laws of the ess of the reg ted liability of bers of the lim of the limited | e State of Fli istered offic ompany, it : nited liabili | is hereby confirmed that the ty company or as otherwise mpany. SEER | he change(see provided | 5) |
| | | or authorized representative of a member | | | Printed or typed name of sign | | |
| provisi the obl to meri | ons of all stati igations of my ely reflect a ch I in writing of | | ovided for in ess, I hereby o | Chapter 60 confirm that | 5, F.S. Or, if this docume the limited liability comp | comply with with and a nt is being any has be | n the ccept filed en |
| Signatur | orus of Registered A | | DEPASS, A | ASSISTAN | NT SECRETARY | | |
| DIENO | of the season of the | Division of Compositions | D | 7e Telleko | see, FL 32314 | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00