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AH 9: 58) (i) (i) (i) (i) (i) (i) (i) (i) (i) (i	Division of Corporations Fax Number : (850)617-6383	SECRE TALLAH,	2021 OCT	
* 2021 OCT -6	annual	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 email address for this business entity to be used for future report mailings. Enter only one email address please.**	RETARY OF STATE AHASSEE, FLORIDA	T-6 PM 1: 32	FILED
	Email A	ddress:			

LLC REGISTERED AGENT CHANGE WILSON CONSULTING FIRM, LLC

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S. PRATHER

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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	ame of the limited liability company: Wilsor	n Consul	ting Fi	irm, LLC			
2. (a)		(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)				
	7901 4th St N STE 300		7901 4th St N STE 300				
	St. Petersburg FL		St. Petersburg FL 33702				
	09/23/2014	L	L14000148331				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	UNITED STATES CORPORATION AGE	ENTS, INC.					
J. (u)	Registered Agent and Registered Office shown on the recor	rds of the Florida I	Dept. of State	2			
	5575 S. SEMORAN BLVD						
	Registered Office Address (MUST BE FLORIDA STR.						
	SUITE 36				ALL SE		
	ORLANDO	_{.FL} 32822	32822		11 OC CREI AHA		
(b)	Registered Agents Inc.		FILE 2021 OCT -6 SECRETARY (ALLAHASSEE				
(1)	Enter name of NEW Registered Agent and/or NEW Regis		PH				
	7901 4th St N		H 1: 32 STATE LORIDA				
	NEW Registered Office Address:	NEW Registered Office Address:					
	STE 300						
	St. Petersburg	, _{FL} 33702					
the cha	imited liability company is not organized under thange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit	ss of the regist	ered office	and the business of	fice of the registered		
the arti	ere authorized by an affirmative vote of the memb icles of organization or the operating agreement o				erwise provided in		
	ture of a member or authorized representative of a member	Riley	/ Park				
		<i>.</i>		Printed or typed name of			
provisi the obl to mer notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as properly reflect a change in the registered office address dim writing of this change. Bill Havre - Assistance.	d agree to act i plete performa ovided for in Cl ss, I hereby cor stant Secreta	nce of my a hapter 605, ifirm that t	with I further agrealuties, and I am fam I. F.S. Or, if this does the limited liability of	e to comply with the iliar with and accept zument is being filed zompany has been		
	re of Registered Agent	- -	AI Y				