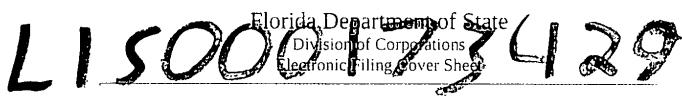
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

the email address for this business entity to be used for future ്റ് മിസ്സ് all report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE TODD PETERSON CONSULTING LLC

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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. N	ame of the limited liability company:	Consulting 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)	
	10/12/15		27.7.24.20	
7			0173429	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET 476 RIVERSIDE AVE.	<u> </u>		
	JACKSONVILLE	L_32202		
		L		
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	7901 4th St N		<u> </u>	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702 L		
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the financial action of authorized representative of a member	of the registered of iability company of the limited lia	office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by the control of the control of the control of the control of this change.	e performance o) ed for in Chaptei hereby confirm -	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been	
_	mid David Roberts - Assistant S	Secretary		
orginatt	ne or negatived Agent			