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.

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	Division of Corpor Fax Number : (850)617-6383				
From:						
	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081					
	Phone : (307)200-2803				
	Fax Number : (700	20
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Corporate Filing Menu

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Help

Electronic Filing Menu

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.

Plond	a.		ACAIT OONGUUTING LLO					
1. Na	ame of the limited liability company: $\overline{JRS\;N}$	IANAGEN	MENT CONSULTING, LLC					
2. (a)		(b)						
o. ()	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	79	901 4th St N STE 300					
	St. Petersburg FL 33702	St	t. Petersburg FL 33702					
	10/28/2015	L1:	5000183347					
3.	Date of filing/registration in Florida	4.	Document number					
	CORRODATION SERVICE COMPANY							
5. (a)	Registered Agent and Registered Office shown on the recor		pt. of State:					
	1201 HAYS STREET							
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)						
	TALLAHASSEE	, FL 32301	2019 APR SECRET TAILLAU					
(b)	Northwest Registered Ager	nt LLC						
(17)	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address	SSE -2					
	7901 4th St N		AM 9:					
	NEW Registered Office Address:		煮 煮 "。					
	STE 300							
	St. Petersburg	, FL 33702						
the chagent was/w the ar Sign I heroprovisithe obto me.	limited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the member of an entire of a member of all statutes relative to the proper and confligations of my position as registered agent as prefer to the change in the registered office addressed in writing of this change.	css of the register ited liability completers of the limited of the limited liab Morga	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Printed or typed name of signee					

Division of Corporations • P.O. Box 6327 • Tallahassee, F1. 32314 FILING FEE: \$25.00

Tom Glover - Assistant Secretary

Glove.

Signature of Registered Agent