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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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| | Doing so will generate another cover s | | |
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| To: | | | |
| | Division of Corporations | | |
| | Fax Number : (850)617-6383 | | 1 ; |
| 5 | | | - 1 to |
| From: | Account Name : CORPORATE CREATIONS | INTERNATI | ONAL INC == == |
| | Account Number : 110432003053 | | ц |
| | Phone : (561)694-8107 | | |
| | Fax Number : (561)694-1639 | | |
| *Enter the annual | email address for this business entity report mailings. Enter only one email | to be use address p | ed for future lease.** |
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| annual | report mailings. Enter only one email Address: LLC REGISTERED AGENT CH | ANGE | ed for future lease.** |
| annual | report mailings. Enter only one email Address: LLC REGISTERED AGENT CH ROBYN ELYSA CONSULTING | ANGE | ed for future lease.** |
| annual | report mailings. Enter only one email Address: LLC REGISTERED AGENT CH ROBYN ELYSA CONSULTING Certificate of Status | ANGE LLC | ed for future lease.** |

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Electronic Filing Menu

Corporate Filing Menu

Help

H20000089617

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| 1. The name of the limited liability company is: ROBY | 'N ELYSA CONSULTING LLC | | |
|--|--|--|--|
| 2. (a) Principal office address of the limited liability company: | 555 Washington Avenue | | |
| (Note: MUST BE STREET ADDRESS) | SUITE 240 | | |
| (MORE MIGST DE STREET ADDRESS) | MIAMI BEACH FL 33139 | | |
| (b) Mailing address of limited liability company: | 555 Washington Avenue | | |
| (Note: MAY BE POST OFFICE BOX) | SUITE 240 | | |
| TO VIEW OF THE PROPERTY OF THE | MIAMI BEACH FL 33139 | | |
| 8/16/2017 | L17000174918 | | |
| 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: | | |
| | UNITED STATES CORPORATION AGENTS | | |
| Registered Agent: | | | |
| Registered Office Address: | S575 S. SEMORAN BLVD_SUITE 36 F | | |
| | <u> </u> | | |
| | ORLANDO FL 32822 | | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | Corporate Creations Network Inc. | | |
| NEW Registered Agent: | on the creations retrivate in the control of the co | | |
| NEW Registered Office Address: | 801 US Highway 1 | | |
| (MUST BE FLORIDA STREET ADDRESS) | | | |
| | North Palm Beach FL 33408 | | |
| or changes are made, the Florida street address of the registere | s of the State of Florida, it is hereby confirmed that after the change d office and the business office of the registered agent will be y, it is hereby confirmed that the change(s) was/were authorized by pany or as otherwise provided in the articles of organization or | | |
| Courtney Nanke, Attorney-in-Fact (Printed or Typed name of signee) | | | |
| I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60 in the registered office address, I hereby confirm that the limit Courtney Nanke, Special Secreta | e to act in this capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligations of S, FS. Or, if this document is being filed to merely reflect a change ed liability company has been notified in writing of this change. TY | | |
| (Signature of Registered Agent) Division of Corporations, P.O. | Box 6327, Tallahassee, FL 32314 | | |
| INHS18(10/99) | | | |
| Corporate Creations International | | | |
| 801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107 | | | |