

LM000186270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

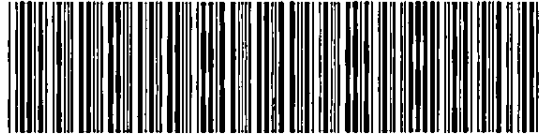
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MAY 17 2023

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TALLAHASSEE, FLORIDA

2023 MAY 16 PM 2:46

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AIC CONSULTING, LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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. Name of the limited liability company: AIC CONSULTING, LLC

2. (a) <u>Principal office address of limited liability company:</u> (<i>Note: MUST BE STREET ADDRESS</i>) <u>1395 BICKELL AVENUE, SUITE 690</u> <u>MIAMI, FL 33131</u>	(b) <u>Mailing address of limited liability company:</u> (<i>Note: MAY BE POST OFFICE BOX</i>) <u>1395 BICKELL AVENUE, SUITE 690</u> <u>MIAMI, FL 33131</u>
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3. <u>08/31/2017</u> Date of filing/registration in Florida	4. <u>L17000186270</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
COLLAZO, MANUEL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7062 LAMIUM CT.
TAMPA, FL 34602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
FILEJET INC.
NEW Registered Office Address:
625 E. TWIGGS STREET, STE 110
TAMPA, FL 33602

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ricardo Outi
 Signature of a member or authorized representative of a member

RICARDO OUTI
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent