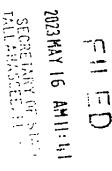
## 11000 186270

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE MAY 17 2023					

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ALLAHASSEE, FLOR

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## CAPITAL CONNECTION, INC.

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

<del></del>		
AIC CONSULTI	NG LLC	
AIC CONSOLTI	INO, EEC	
<del></del>	<del></del>	
		Art of Inc. File
<del></del>		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
0.		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	ı	UCC 1 or 3 File
		— UCC 11 Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	
174 Fonder's Printing - Thom (sylle)	SA BOC	

## COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	AIC CONSULTING, LLC		
sonocer.		ame of Limited	Liability Company
Dear Sir or i	Madam:		
The enclose	d Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to th	ne following:
ELGA GAR	CIA		
	Name of Person		<del></del>
FILEJET INC			
	Firm/Company	<del></del>	<del></del>
10440 PION	EER BLVD STE 8		
•	Address		
SANTA FE	SPRINGS, CA 90760		
	City/State and Zip Code		
REGISTERE	EDAGENT@FILEJET.COM		
E-mai	address: (to be used for future a	nnual report no	tification)
For further i	information concerning this matte	er, please call:	
ELGA GAR		949 at (	259-5955
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Iahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	ng amount:	
<b>\(\vert_{\sigma}\)</b>	325 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

## 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:  AIC CONSULT	ING, 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)  1395 BICKELL AVENUE, SUITE 690  MIAMI, FL 33131		
	1395 BICKELL AVENUE, SUITE 690	1395 B			
	MIAMI, FL 33131	MIAM			
	08/31/2017	L170001	86270		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State:		
	COLLAZO, MANUEL			; <b>~</b> >	
	Registered Office Address (MUST BE FLORIDA STREET	<del></del>	1023 Sec		
	7062 LAMIUM CT.				
	TAMPA, F	FL 34602	·	1023 HAY 16 SECRETARY	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:		0,1	
	FILEJET INC.				
	NEW Registered Office Address:		<del></del>		
	625 E. TWIGGS STREET, STE 110				
	TAMPA, F	33602			
change agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laster authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered office liability company, s of the limited liab	and the business office of it is hereby confirmed the office of the company or as other company.	of the registered at the change(s)	
Signa	ature of a member or authorized representative of a member		Printed or typed name of	f signee	
	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 with reflect a charge in the registered office address, and in writing of this change.	gree to act in this c e performance of r led for in Chapter ( I hereby confirm th	••		