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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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HelpT. LEMIEUX FEB 0 7 2022

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.

Florida	LOICIVIT	-001		NU TIME LIE		
1. Name	of the limited liability company: LOIS KII	SCF	1 CONS	SULTING, LLC		
_{2. (a)} 49	7 TREVISO DRIVE	((b) 497 TREVISO DRIVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
K	KISSIMMEE, FL 34759		KISSIM	MEE, FL 34759		
	· 					
12	2/01/17		L17000246771			
3.	Date of filing/registration in Florida	- 4.	<u></u>	Document number		
5. (a) Lo	ois Kitch					
J. (4)	istered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:			
49	7 TREVISO DRIVE					
Reg	gistered Office Address (MUST BE FLORIDA STREET					
KI	KISSIMMEE FL 34759					
(b) R	egistered Agents Inc.					
	er name of NEW Registered Agent and/or NEW Registered					
7	901 4th St N					
<u>NE</u>	W Registered Office Address:			. 1.5		
S	TE 300					
				To the second se		
S	t. Petersburg, FI	3370	2	1		
the change agent will b was/were a	ed liability company is not organized under the later or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of organization or the operating agreement of the	f the reg lability of of the line limited	istered office ompany, it is nited liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided i	red	

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.

Printed or typed name of signee

Bill Havre - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent