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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

: (855)330-1010 Fax Number

**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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LLC REGISTERED AGENT CHANGE ETHAN ASHLEY CONSULTING, LLC

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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	Name of the limited liability company: Ethan Ashley Consulting, LLC							
2. (a)	1000 MOODLIEN WAY		(b) 1926 MOORHEN WAY					
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LUTZ, FL 33558		LUTZ, F	FL 33558				
	10/23/18		L18000248621					
3.	Date of filing/registration in Florida	4.	1	Document numbe	Τ.			
5. (a) HUYNH, THAI							
	Registered Agent and Registered Office shown on the records 1926 MOORHEN WAY	of the Flori	da Dept, of State:	:				
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRE</u>	<u>SS)</u>					
	LUTZ	FL 3355	58					
(b)	Registered Agents Inc.			Ξ	i ro	20.		
	Enter name of NEW Registered Agent and/or NEW Register	red Office	iddress:	, ***	-	2020 JUL	. • 5	
	7901 4th St N			ę		0- JN		
	NEW Registered Office Address:				-		i	
	STE 300					二 つ		
	St. Petersburg	FL 3370)2	======================================	; ; ; ;	PH 12: 09		
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the second control of the second contro	s of the re d liability rs of the l	gistered office company, it is mited liability	and the business hereby confirmed company or as o	offic d tha	re of the it the ch	e registered lange(s)	
R	sature of a member or authorized representative of a member	R	ley Park					
				Printed or typed nam				
- 1 her -provi	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl	agree to o ete perfor	ct in this capa mance of my d	icity. I further ag liaties, and I am fo	rec t imili	o comp ar with	ity with the and accept	

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent