## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE MBROWNCONSULT, 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	ame of the limited liability company: MBrownC	Consult,	, LLC	
2. (a)				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability compound (Note: MAY BE POST OFFICE BO.	any
	02/18/19	- — L19	.9000041863	
3.	Date of filing/registration in Florida	4.	Document number	
<i>-</i> (	Ehmke & Co PA			
5. (a	Registered Agent and Registered Office shown on the records of the	he Florida Dept.	t. of State:	
	1940 NE 45th Street			
	Registered Office Address (MUST BE FLORIDA STREET A	.DDRESS)		
	Ste 2A			
	Fort Lauderdale Fl.	33308		
(b	Registered Agents Inc		SECRETAT FALLATIAS	Þ
(υ)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FA
	7901 4th St N		PH 1:01	TROVED
	NEW Registered Office Address:		93 <b>5</b>	<u>_</u>
	STE 300		· · · · · · · · · · · · · · · · · · ·	
	St. Petersburg	33702		
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compan if the limited li	ed office and the business office of the re any, it is hereby confirmed that the chang liability company or as otherwise provide	gistered gc(s)
	R: Luy Pak	Riley P		
_	ature of a member or authorized representative of a member		Printed or typed name of signee	tal also
provi the ol to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change.	performance of I for in Chapt iereby confirm	e of my duties, and Lam familiar with anoter 605, F.S. Or, if this document is being that the limited liability company has	with the d accept ng filed been
Signa	Bill Havre - Assistant	. Secretary	!	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00