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Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Fax Number

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## LLC REGISTERED AGENT CHANGE US CAPITAL STRATEGIES, 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.

	me of the limited liability company:						_
(a)	4222 22nd Ave. S	(b)	4222 22nc	d Ave. S	<del></del>		
. ( <b>u</b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited (Note: MAY BE POST	liability com OFFICE BO	pany: <u>2<i>X</i></u> )	
	531471		531471				_
	St. Petersburg, FL 33747		St. Peterst	ourg. FL 33747			_
	03/12/2019			L19000069503			
3.	Date of filing/registration in Florida	4.		Document number			
. ( <sub>2</sub> )	US Investment Consulting Inc.		_	_			
ō. (a)	Registered Agent and Registered Office shown on the records of 4222 22nd Ave. \$	of the Florida	Dept. of Stat				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2		;;; <u>;</u>	20	
	PO Box 531471			_	,	22 (	
	St. Petersburg , I	TL		_	154 157	2022 OCT 13	
(b)	Corporate Creations Network Inc.			_	44 191		} 
(~)	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dregs:			A¥ Ø:	į,
	801 US Highway 1			_		÷.	
	NEW Registered Office Address:						
	Nicosh Dalm Feach	FL <sup>33408</sup>		<del>-</del> -			
	North Palm Beach	FL	<del></del>	_			
chang agent	limited liability company is not organized under the corchanges are made, the Florida street address of twill be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the street and the street are street as	liability of s of the lin he limited	ompany, it nited liabili liability co	is hereby confirmed the ity company or as other mpany.	nat the cha	nge(s)	
Rac	hal Joseph ature of Thember or authorized representative of a member	Rac	hel Joseph,	Attorney-in-Fact Printed or typed name of	f signee		
Sign	ature of member or authorized representative of a member					o with t	he
I hen	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple sligations of my position as registered agent as provi- rely reflect a change in the registered office address,	igree to act te perform ded for in t	t in this cap ance of my Chapter 60 ontirm tha	pacity. I further agree v duties, and I am fami 15, F.S. Or, if this doc ct the limited liability c	liar with a ument is b ompany hi	md acc eing fil as been	ept ed
10000	rely reflect a change in the registered office address, ed in writing of this change.  Ash Joseph Rachel Joseph, Special Secretar		ongum mu	,	•		

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