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Division of Cor	porations		
Fax Number	: (850)617-6383		
From:			
Account Name	: REGISTERED AGENTS INC.		
	per: 120090000081		
-	307)200-2803 :(855)330-1010		
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o .	annual report mailings. Enter only Email Address:		
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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.

Florida	l.			
l. Na	me of the limited liability company: ONEPIECE GI	LOBA	L RESEAR	CH & CONSULTING LLC
2. (a)	201 NEW YORK AVE	(b) 201 NEW YORK AVE		
` , .	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		, 	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SAINT CLOUD, FL 34769	_	SAINT	CLOUD, FL 34769
		_		
	07/10/2019		L190001	78332
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
J. (a)	Registered Agent and Registered Office shown on the records of the	ie Florid	a Dept. of State.	
	5237 SUMMERLIN COMMONS			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u></u>	
	SUITE 400			- >
	FORT MYERS , FL	3390	7	2020 JUL
(b)	Registered Agents Inc.			UL -9
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office addre			
	7901 4th St N			AH 9:
	NEW Registered Office Address:			- > 37
	STE 300			
	St. PetersburgFL	33702	2	
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regibility control the linited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in

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