**Division of Corporations** 



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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 : (813)436-5206

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## LLC REGISTERED AGENT CHANGE BRYTEBRIDGE 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.	Name of the limited liability company:  BRYTEBRIDGE C	CONSULTING	GLLC
2. (a	Principal office address of limited hability company:  (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	09/09/2019		0000227523
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Florida Dep	or, of State:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>ADDRESȘI</u>	
	JACKSONVIŁLE, FL	32202	
(b	Northwest Registered Agent LLC		262. 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u> </u>
	7901 4th St N		<u></u>
	NEW Registered Office Address:		
	STE 300		·
	St. Petersburg FL	33702	
the ch agent 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 liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
/	VWT SMIXTY	Nat	Smith
I hero provis the ob to me notific	ature of a member or authorized representative of a member of a member of authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.  Taylor Newman - Assistant Security of Registered Agent	performance d for in Chaj hereby confii	Printed or typed name of signee this capacity. I further agree to comply with the coff of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been