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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

\*\*Enter the email address for this business entity to be used for future ार्ने annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE EIGHT TWELVE 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.

	me of the limited liability company:	<del></del>	
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	01/09/2020  Date of filing/registration in Florida  UNITED STATES CORPORATION AGEN	4. INC.	L20000016711  Document number
	Registered Agent and Registered Office shown on the records  476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREE)	of the Florida Dept.	of State:
	JACKSONVILLE		2023 MAY 12
	7901 4th St N  NEW Registered Office Address: STE 300		PH 1:
	St. Petersburg	<sub>L</sub> 33702	
the char agent w was/wer the artic	mited liability company is not organized under the large or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members eles of organization or the operating agreement of the	of the registered liability compar s of the limited b	I office and the business office of the registered ry, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signatu	ire of a member or authorized representative of a member	Robin Jones Printed or typed name of signee	
I hereb provision the obli- to mereb notified	y accept the appointment as registered agent and a specific statutes relative to the proper and comple gations of my position as registered agent as provide reflect a change in the registered office address, in writing of this change.  David Roberts - Assista	te performance led for in Chapt I hereby confirm	is canacity. I further garee to comply with the

Signature of Registered Agent