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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE TEST IN-SIGHT CONSULTING LLC

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1/17/2025 09:33: PST To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

I. Na	nne of the limited liability company:	ONSUL	TING LLC	
2. (a)		,	h)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		?	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	_	7901 4th S	( N STE 300
	St. Petersburg, FL 33702	_	St. Petersb	ourg, FL 33702
	03/06/20		L200000744	45
3.	Date of filing/registration in Florida	4		Document number
5. (a)	SANCHEZ, INTI			
. (u)	Registered Agent and Registered Office shown on the records of t			
	6160 SW HIGHWAY 200			
	Registered Office Address	DDRES	<u>(S)</u>	-
	SUITE 110-503			
	OCALA FL	34476		
(b)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N	APPROVED AND FILED 2025 JAN 17 AM11:		
	NEW Registered Office Address:			
	STE 300			三 三 三 三
	St. Petersburg . FL	33702		_
the cha agent v was/we the arti ////////////////////////////////////	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the florida member or authorized representative of a member of the appointment as registered agent and agreement of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	the reg bility of the li imited Na	istered office company, it is mited liability liability con Smith	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee

Signature of Registered Agent