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Division of Corporations

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From:

Account Name: REGISTERED AGENTS INC.

Account Number: 12009000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

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LLC REGISTERED AGENT CHANGE MPS CONSULTING S LLC

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MAR ~ 8 2021

21.00 (Chr.)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LYABILITY COMPANY $\omega \qquad \omega \qquad \omega$

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.

l. Na	ome of the limited liability company: MPS CON	<u>ISU</u>	LTING	SLLC			
2. (a)	820 15TH ST APT 204		(b) 820 15TH ST APT 204				
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	·	Aailing address of limited (Note: MAY BE POST	liability co		
	MIAMI BEACH, FL 33139	- -	MIAMI B	EACH, FL 33139			_
	03/13/2020		L200000	81170			
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 th	e Florid	a Dept. of State	- ::			
	5237 SUMMERLIN COMMONS						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	5)	-			
	SUITE 400				٠,٠,٠	20:	
	FORT MYERS FL	3390	7	-		2021 MAR	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Co. 7901 4th St N	Office ac	ldress:		dre casson	?-5 PX 12: 1	7
	NEW Registered Office Address: STE 300			-	-, F**	0	
	St. Petersburg	3370	2				
the chiagent was/w the art Signa I here provis the obto mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the living of a member or authorized representative of a member or authorized representative of a member obly accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided the profession of this change. Bill Havre - Assistant	the regional the region in the linited in the linit	stered office ompany, it is noted liability con ey Park I in this capaunce of my Chapter 603 confirm that	e and the business off is hereby confirmed the y company or as other apany. Printed or typed name of acity. I further agree duties, and I am family, F.S. Or, if this doctor.	ree of the charthe chart chart chart chart chart charten chart cha	e register nange(s) ovided in oly with t and acc being fil	he ept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent