LZO 000 266071

(Rec	questor's Name)				
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Division of 0		•				
SUBJECT:	nperio Consulti Name	of Limited Li	ability Company			
Dear Sir or Madam:						
The enclosed Registe	ered Agent/Registered Office	e Change and	fee(s) are submitte	d for filing.		
Please return all corre	espondence concerning this	matter to the I	ollowing:			
	Name of Person sulting LLC Firm/Company		_			
1930 Bluewa	· ······					
Niceville Fl	33578 City/State and Zip Code		_			
E-mail address:	o imperio - consulti (to be used for future annua	ng. Com il report notifi	cation)			
For further information	on concerning this matter, p	ease call:				
Eric Brown	e of Person	at (<u>910</u>		OS4 ytime Telephone Number		
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		Street Address Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810		
Enclosed is a check for the following amount:						
□ \$25 Filing	Fee	52 \$ 5	5 Filing Fee & Cer	tified Copy		

INHS18 (2/14)

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. 1	Name of the limited liability company:	o Gons	utting L		
2. (a	•		b)		
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	-	mited liability company: POST OFFICE BOX)
	1930 Bluewater Blvd.		1930 (Elnewater 1	31vd.
	Niceville FL 32578			1/e FL 32	
	26 August 2020		L2000	0266071	
3.	Date of filing/registration in Florida	4.	£	Document numb	er
5. (1) United States Corporation Agents	Inc.			
`	Registered Agent and Registered Office shown on the record	is of the Florid	a Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRES			(17 / با د
	5575 South Semoran Blud				•
					င်း
	Orlando	, fl <u>328</u>	22		<u> </u>
	C : D				$\dot{\tilde{\omega}}$
(t	Enter name of NEW Registered Agent and/or NEW Regist	tered Office or	ddrass:		သ ဇာ
	NEW Registered Office Address:				
	1930 Bluewater Blod				
	Niceville	, FL 325	578		
chan agen was/ the a	e limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the memberticles of organization or the operating agreement of	f the register ed liability co ers of the lin	ed office and ompany, it is l nited liability liability comp	the business of hereby confirmon company or as bany.	fice of the registered ed that the change(s) otherwise provided in
Sig	nature of a member or authorized representative of a member		are be	NowN Printed or typed na	une of signee
I he proving the or	reby accept the appointment as registered agent and isions of all statutes relative to the proper and completions of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.	agree to ac leie perform vided for in s, I hereby c			
Sign	iture of Registered Agent	-			