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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

-Email Address:___

: (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.

 X_{i+1}

LLC REGISTERED AGENT CHANGE ADVANCING RACIAL EQUITY CONSULTING, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divisio | on of Corporations | | | | |
|----------------------------------|--|-----------------|-------------------------------|---|--|
| SUBJECT: _ | ADVANCING RACIAL | L EQUITY | ′ COI | NSULTING, LLC | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or Ma | ndam: | | | | |
| The enclosed f | Registered Agent/Registered Off | ice Change a | nd fee(| s) are submitted for filing. | |
| Please return a | all correspondence concerning th | is matter to th | ne follo | owing: | |
| RILE | Y PARK | | | | |
| | Name of Person | | | | |
| ADVANCING | G RACIAL EQUITY CONSULTIN | IG, LLC | | | |
| | Firm/Company | | | | |
| 7901 4th | n St. N, Ste 300 | | | | |
| | Address | • | | | |
| St. Pete | ersburg, FL 33702 | | | | |
| | City/State and Zip Code | | | | |
| | @registeredagentsinc.com | | otificati | ion) | |
| For further int | formation concerning this matter | , please call: | | | |
| Ri | iley Park | at (3 | 07 ₎ | 200-2803 | |
| | Name of Person | | A | rea Code & Daytime Telephone Number | |
| Regis Divis Clifto 2661 | EET/COURIER ADDRESS: dration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301 | | Registr Division P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 | |
| Enclo | osed is a check for the followin | g amount: | | | |
| 2 \$2 | 5 Filing Fee | | 1 \$55 F | filing Fee & Certified Copy | |

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.

| Na | me of the limited liability company:ADVANCIN | G RAC | CIAL EQUITY CONSULTING, LLC | | |
|--------------------------------|--|--|---|--|--|
| (2) | 7901 4TH ST N, STE 300 | (b) | 138 NEWTON ST. APT B | | |
| . (a) _ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0)- | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | ST. PETERSBURG, FL 33702 | . - | BROOKLYN, NY 11222 | | |
| | | . - | | | |
| | 09/22/2020 | | L20000298183 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| (a) | SUNSHINE CORPORATE FILINGS LLC | | | | |
| (a) | Registered Agent and Registered Office shown on the records of the | ne Florida D | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET A. | DDRESS) | 1 | | |
| | 7901 4TH ST N, STE 300 | | | | |
| | ST. PETERSBURG | 33702 |) | | |
| | | | | | |
| (b) | REGISTERED AGENTS INC. | | 21 | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered (| Office addr | dress: | | |
| | 7901 4th St N | | APR 30 PR | | |
| | NEW Registered Office Address: | | | | |
| | STE 300 | | | | |
| | St. Petersburg, FL_ | 33702 | 2: 28 **[DA** | | |
| ent v ent v | 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 | the registe bility con f the limit | stered office and the business office of the regist ompany, it is hereby confirmed that the change(s lited liability company or as otherwise provided | | |
| | Rilux Tark | Rile | ey Park / Authoized Representative | | |
| | nure of a member or authorized representative of a member | | Printed or typed name of signee | | |
| ovisi e obi mer uifje | by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Bill Havre - Secreta | perjormai I for in Cl iereby col | in this capacity. I further agree to comply with ance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being joint on the limited liability company has been appeared by the company has been appeared to the limited liability to the limited liability liabilit | | |
| <u> حرا</u> | ire of Registered Agent | ·· y | | | |