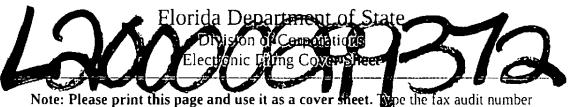
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Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be use	d for	future
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LLC REGISTERED AGENT CHANGE POWERS, GOLDMAN AND MARSH 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.

Na	me of the limited liability company:	DLDMAN AND	MARSH LLC	
(a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/18/20	 	.2000029937	2
	Date of filing/registration in Florida	4.	1	Document number
(a)	POWERS CONSULTING SERVICES			
	Registered Agent and Registered Office shown on the records			
	3401 SW Sunset Trace Circle			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)		
	Palm City	24990		8) ₃
b)	Palm City	rL		FILED THE 23 PH 2: 20 THE PHONE SELL, FL O
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office add	ress:	War Carlot
	7901 4th St N			FH 2:
	NEW Registered Office Address:			:20
	STE 300			6 O
	St. Petersburg	33702 FL		`
cha nt v /we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cless of organization or the operating agreement of	s of the regist d liability cor rs of the limi	ered office npany, it is ted liability	and the business office of the registers hereby confirmed that the change(s) company or as otherwise provided in
Į.,	ure of a member or authorized representative of a member	Robin	Jones	
				Printed or typed name of signee
erel visi obli vere	oy accept the appointment as registered agent and ons of all statutes relative to the proper and compl gations of my position as registered agent as prov ly reflect a change in the registered office address	agree to act i lete performa ided for in Ci , I hereby coi	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree to comply with th luties, and I am familiar with and acce F.S. Or, if this document is being file he limited liability company has been
ifica	I'in writing of this change.			