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.COVER LET	TER
TO: Registration Section Division of Corporations WORSHAM ADVISORY GROUP LLC SUBJECT:	bility Company
Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and for Please return all correspondence concerning this matter to the for EVELYN WORSHAM Name of Person	ee(s) are submitted for filing. ollowing:
Firm/Company Address ST. PETERSBURG, Fl. 33704 City/State and Zip Code lynworsham@gmail.com E-mail address: (to be used for future annual report not for further information concerning this matter, please call: Evelyn Worsham Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: S25 Filing Fee INHS18 (2/14)	: S55 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.

ubmits th	to the provision of the	ISORY GROUP	LLC	7 7 23704	
	W OKO244		IST AVENUE N ST. PETERSBU	JRG ' Irr 25 to 4	
	of the limited liability company.		IST AVE.		
Name of the limited liability company: 318 21ST AVENUE N ST. PETERSBURG, FL 33704		(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST	<u> </u>	
	(Note: MUST BE STREET				
		 L210	00021969		-
	01/07/2021		Document number		
	Date of filing/registration in Florida	4.	~ -		
3.	pate of times 5		C S man		
5. (a)	Registered Agent and Registered Office shown on the records	, of the Florida Dep	i, of State.		
	Registered Agent and Registered EVELYN WORSHAM	7775551			
	WIST RE EL ORIDA STRE	<u>ET ADDKESSI</u>			
	Registered Office Address (MUST BE LEGISLA 75 300 2ND AVE SE SLIP 4SB112 MAILBOX 75			., ~3	
	ST. PETERSBURG	33701 F1		2021 APR	
	ST. PETERSBORG	_, 1 12			.i.
				<i>i</i> · 1	4.
C	b) Enter name of NEW Registered Agent and/or NEW Regis	stered Office addr	<u>:ess</u> :).i	,
`	Enter name of NEW Registered 752			, · P	7
	EVELYN WORSHAM			. .	محامت
	NEW Registered Office Address: 318 21ST AVENUE N			_	
		33704			
	ST. PETERSBURG	, FL		g and that afte	er the
				office of the registere	d
**	ST. PETERSBURG The limited liability company is not organized under hange or changes are made, the Florida street address gent will be identical. Or, in the case of a Florida ling gent will be identical and the case of a florida ling green with the case of a florida ling green with the case of a florida ling green or the case of the case o	s of the register	ed office and the business	med that the change	s) 1 in
c)	the limited liability company is not organized thick hange or changes are made, the Florida street address gent will be identical. Or, in the case of a Florida line was/were authorized by an affirmative vote of the metricules of organization or the operating agreement	mited liability of	nited liability company or	as otherwise provides	
a	gent will be identical. On infirmative vote of the me	of the limited	liability company.		
V.	hange or changes are the case of a Florida in gent will be identical. Or, in the case of a Florida in gent will be identical. Or, in the case of a Florida in gent will be identified by an affirmative vote of the me was/were authorized by an affirmative vote of the me was well as a florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in the case of a Florida in gent will be identified in gent will be	Fut	alvo Worsham	d name of signee	
u	ne articles of the		Printed or type	mante wi	th the
-	The member or authorized representative of a mem	DCI	er in this capacity. I further	er agree to comply with and	accept
	Signature of a member or authorized representative of a memi- I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a the obligations of my position as registered agent as to merely reflect a change in the registered office ac notified in writing of this change.	t and agree to a complete perfor s provided for it ddress, I hereby	mance of my duties, and to n Chapter 605. F.S. Or, if to confirm that the limited lid	am Jahis document is bein ability company has l	g Juea seen
	to merely reflect a change in in-				
			w Habassa Fl. 322	314	
	Signature of Registered 13	nse P.O. Box 6	5327• Tallahassee, FL 323 \$25.00	- -	
	Division of Corborna	FILING FEE:	272.00		