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| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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| _ | istration Section ision of Corporations | | | |
|--------------------|---|--|--|--------|
| SUBJECT: | Gould Consulting Group, LLC | | | |
| | Name o | of Limited Lia | ability Company | |
| Dear Sir or I | Madam: | | | |
| The enclosed | d Registered Agent/Registered Office | Change and fe | ee(s) are submitted for filing. | |
| Please return | all correspondence concerning this n | natter to the fo | ollowing: | |
| Karen Gould | | | | |
| | Name of Person | | _ | |
| Gould Consu | Iting Group LLC | | | |
| | Firm/Company | | | 207 |
| 45 Hendricks | Isle, Unit 204 | | Control of the A | 2.00 |
| | Address | | - ; - | _ |
| Fort Lauderda | ale, FL 33301 | | - 23 | : |
| | City/State and Zip Code | | | ٠ ن |
| karen.stern.go | ould@gmail.com | | | |
| E-mail | address: (to be used for future annual | report notific | ation) | |
| For further in | nformation concerning this matter, ple | ease call: | | |
| Karen Gould | | 6- 1 6 at (| 770-6815 | |
| | Name of Person | <u>. </u> | Area Code & Daytime Telephone Numbe | r |
| Reg Divi P.O | iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| Enc | losed is a check for the following am | iount: | | |
| € \$. | 25 Filing Fee | □ \$55 | 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.

| . N | ame of the limited liability company: Gould Consulting | Group LLC | | |
|-------------------------|---|--|---|--|
| . (a) | 45 Hendricks Isle, Unit 204 | (b) same | | |
| . (a) | Principal office address of limited liability company: (Note: MEST BE STREET ADDRESS) | (", | | of limited liability company: BE POST OFFICE BOX) |
| | Fort Lauderdale, FL | | | |
| | 33301 | | | |
| | 4′28′2021 | 1.2100 | 0068451 | |
| | Date of filing/registration in Florida | 4. | Document m | umber |
| () | United States Corporation Agent | | | |
| . (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. o | of State: | |
| | 5575 South Semoran Blvd. | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | |
| | 36 | | | |
| | Orlando | 32822 | | |
| | | <u> </u> | | چ چ |
| (b) | Karen Gould | | | 2073 A.B.A. |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office address: | | -m 24 |
| | 45 Hendricks Isle | | | 7 |
| | NEW Registered Office Address: | | | |
| | 2(4 | | | |
| | | | | ش |
| | Fort Lauderdale F | 33301 | | |
| hana | limited liability company is not organized under the la | ws of the State | ce and the dusines | is office of the registered |
| gent | will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the limited li | y, it is nereby com lability company o | firmed that the change(s) |
| | Vision is a | Karen Gor | | |
| | nufre of a member of authorized representative of a member | | , . | ed name of signee |
| rovis he ob o mei | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. | gree to act in this performance (ed for in Chapta hereby confirm | is capacity. I furth of my duties, and I er 605, F.S. Or, if i that the limited li | ner agree to comply with the am familiar with and accep this document is being filed ability company has been |
| S.,,,,,,, | ure of Registered Agent | | | |