Division of Corporations



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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE METCALF ADVISORY SERVICES LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 4

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. Na	nme of the limited liability company: Metcalf Advi	sory Services LLC	
2. (a)		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	04/20/21	L210	000184160
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ZenBusiness Inc.		
J. (a)	Registered Agent and Registered Office shown on the recor		
	336 East College Ave.		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
	Suite 301		~
	Tallahassee	F1 32301	2024 APR 10
(b)		, , ,	
	Registered Agents Inc		5 727
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	stered Office address:	PH
	7901 4th St N		Ģ
	NEW Registered Office Address:		23
	STE 300	<u></u>	
	St. Petersburg	_, FL_33702	
the cha agent v was/we the arti	imited liability company is not organized under the same or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the registered ted liability companies of the limited of the limited liabil	d office and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member	_	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	d agree to act in the plete performance ovided for in Chap ss, I hereby confir	his canacity. I further govee to comply with the
Davis	d V-boses (2)	ant Secretary –	
Signatu	re of Registered Agent		