Florida Department gf Stele

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (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.

Email Address:__

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LLC REGISTERED AGENT CHANGE OPEN MIND CONSULTING, 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.

1. Na	nme of the limited liability company: OPEN MI	IND CONSULTING, LLC	
	2001 Biscayne blvd	(b) 7901 4th St N	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	apt 2407	STE 300	
	Miami Florida 33137	St. Petersburg FL 33702	
	06/24/21	L21000293223	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	MURATBEKOV, MANAS		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1920 E HALLANDALE BCH BLVD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		the Florida Dept. of State:	
		ADDRESS)	
	SUITE 805		
	HALLANDALE BEACHFI.	1.33009	
(b)		d Office address:	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>		d Office address:	
	7901 4th St N	d Office address:	
	NEW Registered Office Address:	3: 5	
	STE 300	. · · · · · · · · · · · · · · · · · · ·	
	St. Petersburg	L <mark>33702</mark>	
the chagent was/w the ar Sign I her provide to me	will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member or authorized representative of a member eby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete of the proper and complete	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company. Riley Park Printed or typed name of signee gree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	

Signature of Registered Agent