(((H24000237204 3)))



H240002372043ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_



## LLC REGISTERED AGENT CHANGE RPD CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON JUL 12 2024

Electronic Filing Menu — Corporate Filing Menu

Help

7/12/2024 09:23:03 PDT To 18506176383 Page: 2/2 Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	ame of the limited liability company:	D CONSULTING L	LC				
2. (a)	Driving office address of Carinel Linds		(b)	Atabian addens of tission	et liebelete sonne		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: M(Y BE POST OFFICE BOX)			
	07/28/21		L21000341	1954			
3.	Date of filing/registration in Flo	orida -	4.	Document number			
5. (a)	DOMINGUEZ, HUMBERTO						
(47	Registered Agent and Registered Office shown or						
	1065 SW 8th						
	Registered Office Address (MUST BE FLOR	IDA STREET ADD	RESS)	<del>_</del>	[20]	}	
	St #1990						
	Miami	. FL <sup>331</sup>	130	_	SECRETARY SALL AHASS		
(b)	Registered Agents Inc				JUL 12 PM 2: 48 RETARY OF STATE AHASSEE.FLORID	, Li	
,	Enter name of NEW Registered Agent and/or N	EW Registered Off	ice address:	<del></del>	Z Z		
	7901 4th St N				£ 6		
	NEW Registered Office Address:			<del></del>			
	STE 300			<del>_</del>			
	St. Petersburg	FL	'02	_			
the cha agent v was/w	imited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Florer authorized by an affirmative vote of the cless of organization or the operating agree.	ect address of the ida limited liabil ne members of th	registered offi ity company, it ie limited liabil	ee and the business of is hereby confirmed t ity company or as oth	ffice of the re that the chan	egistered ge(s)	
15 12 :	or Jamey		Robin Jones				
Signa	ture of a member or authorized representative of a	member		Printed or typed name	of signee		
provis the ob- to mer	by accept the appointment as registered a ions of all statutes relative to the proper of ligations of my position as registered age ely reflect a change in the registered offic d'in writing of this change.	igent and agree i ind complete per nt as provided fo we address. I hero	to act in this ca formance of m in Chapter 60 eby confirm tha	pacity. I further agrey y duties, and I am fam 05, F.S. Or, if this doo u the limited liability o	ve to comply uiliar with an cument is bes company has	with the d accept ing filed i been	
Tivid"	David Roberts	- Assistant Secre	tary				
Signati	re of Registered Agent						