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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 : (855)330-1010

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

Email Address:__

LLC REGISTERED AGENT CHANGE ASH CAPITAL CONSULTING LLC

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S. PRATHER

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Help

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	ame of the limited liability company: ASH CAF	PITAL CON	ISULTING LLC	
2. (a)	3101 JOHNSON ST	(b) 3101 JOHNSON ST Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2. (d) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	HOLLYWOOD, FL 33021	HOLLY	/WOOD, FL 33021	
	10/15/21	 L21000	450470	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.		
J. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Stat	ee:	
	5575 S. SEMORAN BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET &	ADDRESS)	-	
	SUITE 36		20 TAL	
	ORLANDO ,FL	32822	CREI	
(b)	Registered Agents Inc.		2021 OCT 20 PM SECRETARY OF S VLLAHASSEE, FL	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	7901 4th St N		H 1:0; STATE LORID,	
	NEW Registered Office Address:		7	
	STE 300		_	
	St. Petersburg, FL	33702		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members chicles of organization or the operating agreement of the	the registered office ability company, it of the limited liability.	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to men notifie	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. Bill Havre - Assistar	r perjormance of my ad for in Chapter 60	Taunes, and Fam juminar with and accept 15. F.S. Or, if this document is being filed	
	ure of Registered Agent	··· • • • • • • • • • • • • • • • • • •		