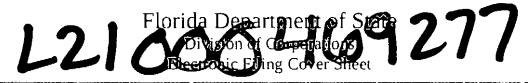
Division of Corporations



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(((H240002317113)))



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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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## LLC REGISTERED AGENT CHANGE ARVODA 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. 8	Same of the limited liability company:  ARVODA CONS	SULTING LLC	
2. (a	)	(b)	
	Principal office address of limited hability company.  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
2	10/28/21	L2100046	
3.	Date of filing/registration in Florida	4.	Document number
5. (a	**************************************		
	Registered Agent and Registered Office shown on the records of	Fthe Florida Dept. 01'8	State:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	_
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	L <sup>33324</sup>	
(þ			_ 프유 🕦
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	7901 4th St N		APPRO AN FILI GEORETIAN CEORETIAN
	NEW Registered Office Address:		
	STE 300		Hara
	St. Petersburg, FI	I. <u>33702</u>	
the ch agent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	If the registered off iability company, i of the limited liabi	fice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in
	Reduced frame frame of a member attire of a member	Robin Jones	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and completed ligations of my position as registered agent as provide level reflect a change in the registered office address. It is writing of this change.  David Roberts - Assistant S	rce to act in this c e performance of n ed for in Chapter 6 hereby confirm th	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been
		Secretary	
Signat	ure of Registered Agent		