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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 RED ELEPHANT CONSULTING, LLC

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K. SALY

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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.

I. Na	nne of the limited liability company:	ed Elephant Cor	nsulting LLC	
2. (a)			(b)	
	Principal office address of limited liabil (Note: MUST BE STREET ADI	lity company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/25/2021		L21000	0512360
S.	Date of filing/registration in F	lorida	4.	Document number
5. (a)	THOMAS, DAWN M			
7. (u)	Registered Agent and Registered Office shown	on the records of	the Florida Dept, o	of State:
	15224 LAS OLAS PLACE			
	Registered Office Address (MUST BE FLO	RIDA STREET,	ADDRESS)	
	BRADENTON		34212	TALLWING
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or			PILEU WALLAMASSEE FLOAD
	7901 4th St N	NEW Registered	Office address:	-1 PM 1:59
	NEW Registered Office Address:			<u> </u>
	STE 300			
	St. Petersburg	, FI	33702	
he cha igent v vas/we he arti	imited liability company is not organize inge or changes are made, the Florida st vill be identical. Or, in the case of a Florical authorized by an affirmative vote of cles of organization or the operating ag	d under the lay rect address of orida limited li the members of reement of the	ws of the State of the registered of ability company of the limited lia limited liability	
f (ture of a member or authorized representative of		Robin Jones	
l herel provisi he obl o mere	by accent the appointment as registered	l accut and acu	ce to act in this performance of d for in Chapte hereby confirm	Printed or typed name of signee s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Dayla	David Roberts	- Assistant S	ecretary	
Signatu	re of Registered Agent			