Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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 AGATEP 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.

. Na	ame of the limited liability company: AGATEP CONS	ULTING		
2. (a) <u> </u>	7901 4th St N STE 300	(b)		
	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)		N	Sailing address of limited liability company: Onto: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33702	_	St. Peterst	ourg, FL 33702
	03/07/2022	*****	L220001102	232
. (a)	Date of filing/registration in Florida VERGARA, EDGAR A	4.	, ,	Document number
	Registered Agent and Registered Office shown on the records of 3446 HERON DRIVE N	the Florida	Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	7	
	JACKSONVILLE BEACH . FI.	32250		
(b) <u> </u>	REGISTERED AGENTS INC			2025
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	tress:	JAN T
	7901 4TH ST N			2025 JAN -3 AM 11: 05
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	STE 300			
	ST. PETERSBURG	33702		
hange gent v vas/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere bility co of the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
fr. Str	Langer Janes	Rob	in Jones	
	dure of a member or authorized representative of a member			Printed or typed name of signee
rovisi he obt mer otiftet	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	nariorna	mes of mvd	utics, and Landamilian with and accent
<u>)</u>	70 People David Roberts			
Signatu	ire of Registered Agent			