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Help. LEMIEUX JUN 1 4 2023

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.

Name of the limited liability company: J.P. CONSULTING FIRM LLC							. <u> </u>
2.	(a)		(b)			
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited (Note: MAY BE POST		
			_				
		06/24/2022		L220002	86833		
3.		Date of filing/registration in Florida	4.		Document number		***************************************
5.	(a)	ZENBUSINESS INC.					
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		336 E. COLLEGE AVE.				~3	
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	1		123	
		SUITE 301			_	(=== : : :	
		TALLAHASSEE , FL	32301	L _.			Ē
	(b)	Registered Agents Inc				1	۳
(-)		Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	·	6: 21	
		7901 4th St N		774.		ප	
		NEW Registered Office Address:					
		STE 300					
		St. Petersburg , FL	33702) 			
the ag watched	e cha ent v ns/we arti Signat	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members ocles of organization or the operating agreement of the function of a member of authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete.	the regisability confither the limited l	stered office impany, it is ited liability iability con	e and the business office the shereby confirmed the sycompany or as other upany. Robin Jones Printed or typed name of	ce of the at the chawise prov	registered nge(s) vided in
the to no	obl mere tified	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided By reflect a change in the registered office address, I h I in writing of this change.	I for in C nereby co	Chapter 605 onfirm that i	, F.S. Or, if this docu the limited liability co	ment is b mpany ho	eing filed as been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

روان <u>David Roberts - Assistant Secr</u>etary