7/26/23, 11:09 AM

Division of Corporations



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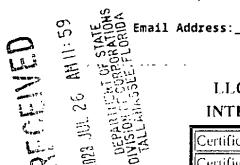
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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## LLC REGISTERED AGENT CHANGE INTEGRATE TECH CONSULTING LLC

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JUL 26 2023 K. Brumbley 7/26/2023 08-11:11:PDT To: 18506176383 Page 2/2 From: Registered Agents Inc Fax: 8134365206

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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	une of the limited liability company.	CONSUL	TING LLC	
2. (a)		_ (b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited liability company;  (Note: MAY BE POST OFFICE BOX)
	08/10/22	L	220003530	51
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.			
,,,,	Registered Agent and Registered Office shown on the records of the	ie Florida L	Pept, of State	- :.
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		•
	JACKSONVILLE FL 3	32202	·	
(b)	Registered Agents Inc			APPRO FILE 26 2023 JUL 26 SECRETAR TALL ARASS
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	<u>ess</u> :	
	7901 4th St N			AMIN: 34 OF STATE OF FLORES
	NEW Registered Office Address:			2
	STE 300			
	St. Petersburg . FL	13702		
the cha agent w was/we the arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	he registed oility con the limit imited lia	ered office ipany, it is ed liability ibility con	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
· · · · · ·	ture of a member or authorized representative of a member	Robin	Jones	Printed or typed name of signee
I herel provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. The I'm writing of this change.		n this capa ace of my a aapter 605 afirm that	•