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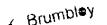
LLC REGISTERED AGENT CHANGE GAUMOND'S SAFETY CONSULTANT LLC

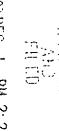
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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. Na	me of the limited liability company: GAUMOND'S S	AFETY	CONSULTA	NT LLC				
2. (a)	577 SW LAKE CHARLES CIRCLE	4	(b) 577 SW LAKE CHARLES CIRCLE					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	PORT SAINT LUCIE, FL 34986		PORT SAINT LUCIE. FL 34986					
	10/05/2022		L22000429	9315				
3.	Date of filing/registration in Florida			Document number				
5. (a)	LEGALINC CORPORATE SERVICES INC.							
J. (a)	Registered Agent and Registered Office shown on the records o 476 RIVERSIDE AVE	f the Flori	ia Dept, of Sta					
	Registered Office Address (MUST BE FLORIDA STREET							
				_	-	207		
	JACKSONVILLE	32202				23 DE		
(b)	•			_	· .	2023 DEC -4		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office s	ddress:		• •	3		
	801 US Highway 1					2: 2		
	NEW Registered Office Address:							
	North Palm Beach	L_33408	-	_				
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li	red office as company, it mited liabili	nd the business o is hereby confir ity company of a	office of the med that the	ne regist he chang	ered ge(s)	
Kristan Capinales Kri Signature of a member or authorized representative of a member			Kristen Espinales, Attorney-in-Fact					
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sign	nee		
provis. the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, l d in writing of this change.	gree to a e perfori ed för in hereby	ct in this cap nance of my Chapter 60 confirm thai	pacity. I further duties, and I an 15, F.S. Or, if this the limited liab.	agree to c I familiar is docume ility comp	comply v with and nt is beind any has	vith the I accept ng filed been	
	stan Capinales Kristen Espinales, Special re of Registered Agent	l Secreta	ry					