## Florida Department of State

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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE LAURIE ROJAS CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DEC 12 5053

## 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.	Name of the limited liability company: Laurie Rojas Co	onsulting LLC	
2. (a	620 E 14th St.	(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)
	Hialeah,Florida (US)33010		
	10/18/2022 12:00:00 AM	1.220	00448768
3.	Date of filing/registration in Florida	4.	Document number
5. (a	LEGALING CORPORATE SERVICES INC.		
. (	Registered Agent and Registered Office shown on the records 476 Riverside Ave.	of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREE	<del></del>	
	Jacksonville, l	FL_32202	<del></del>
, 1	Corporate Creations Network Inc.		
(b	Enter name of NEW Registered Agent and/or NEW-Registered Office address:		
	801 US Highway 1		28.73 PT \ Q\$ (25.1):
	NEW Registered Office Address:		
	North Palm Beach, 1	FL	
changagent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registered off liability compar s of the limited l	rice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		Danielle V	V. Gossman, Special Manager
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	why accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid arely reflect a change in the registered office address, ed in writing of this change.	gree to act in th le performance ded for in Chapt I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
	K . //	ssman, Specia	l Secretary
Signa	ture of Registered Agent		