Division of Corporations



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Division of Corporations

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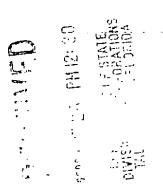
From:

Account Name : REGISTERED AGENTS INC.

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE GALILEO 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.

1. Na	ame of the limited liability company:	JETING LEC	
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)
	11/14/22	L22000487	7347
3.	Date of filing/registration in Florida	4.	Document number
÷ (n)	UNITED STATES CORPORATION AGENTS, INC		
5. (a)	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	_
	476 RIVERSIDE AVE.	_	
	JACKSONVILLE . FL	32202	
(b)	Registered Agents Inc		2023 OCT 26
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILE 120 121
	7901 4th St N		6 PH 12: 4
	NEW Registered Office Address:		- 5. 5. 5.
	STE 300		
	St. Petersburg , FL	33702	
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the will be a member or authorized representative of a member.	the registered officability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signat	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provisi the obl to mere notifice	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d'in writing of this change.	performance of my d for in Chapter 6t herchy confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	and David Roberts - Assistant Se	ecretary	
Signatu	re of Registered Agent		