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## COVER LETTER

TO:	_	stration Section sion of Corporations						
SUBJE	rct.	CG TRAINING & CONSULTING, LLC						
SOBJE	CCI.	CG TRAINING & CONSULTING, LLC  : Name of Limited Liability Company						
Dear S	Sir or N	Madam:						
The en	closed	d Registered Agent/Registered Office	Change an	d fee(s) are submitted for filing.				
Please	returi	all correspondence concerning this a	natter to th	e following:				
FRAN	CISCO	) A. CORRALES, ESQ.						
		Name of Person		<del></del>				
THEC	ORRA	ALES LAW FIRM, PLLC						
***		Firm/Company	<u> </u>	<del></del>				
3275 V	VEST	HILLSBORO BOULEVARD, SUITE I	)4					
		Address						
DEER	FIELD	D BEACH, FL 33442						
<del> </del>		City/State and Zip Code		<del></del>				
FRAN	CISC	O@CORRALES.LEGAL						
<u></u>	E-mai	l address: (to be used for future annua	il report no	tification)				
For fu	irther	information concerning this matter, p	lease call:					
FRAN	CISC	O CORRALES	954 at (	846-1943				
		Name of Person	\	Area Code & Daytime Telephone Number				
	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	En	closed is a check for the following a	mount:					
	<b>a</b> :	\$25 Filing Fee	ت	\$55 Filing Fee & Certified Copy				
INHS	18 (2/1	(4)						

## 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.

2. (a)  CG TRAINING & CONSULTING, LLC  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  5090 REBECCA ALAN LANE  JACKSONVILLE, FL 32258  12/28/2022 EFF 01/05/2023  Date of filing/registration in Florida  5. (a)  KHADDEH HEMMATI  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  ZENBUSINESS INC.  Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)  336 E. COLLEGE AVENUE. SUITE 301  TALLAHASSEE  FL  THE CORRALES LAW FIRM. PLLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  DEERFIELD BEACH  The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the laws of the State of Florida, it is hereby confirmed that after the laws of the State of Florida, it is hereby confirmed that after the laws of the State of Florida, it is hereby confirmed that after the laws of the State of Florida, it is hereby confirmed that after the projection of the registered office and the business office of the registered.	1 Na	me of the limited liability company:  CG TRAINING &	CONSU	LTING, LLC				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  5090 REBECCA ALAN LANE  JACKSONVILLE, FL 32258  12/28/2022 EFF 01/05/2023  L23000002260  3. Date of filing/registration in Florida 4. Document number  KHADIJEH HEMMATI  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  ZENBUSINESS INC.  Registered Office Address  336 E. COLLEGE AVENUE, SUITE 301  TALLAHASSEE  FL  12/28/2022 EFF 01/05/2023  L23000002260  5. (a)  THE CORRALES LAW FIRM. PLLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  17/29 J.		CG TRAINING & CONSULTING, LLC			ING & CONSULTING, LLC			
JACKSONVILLE, FL 32258  JACKSONVILLE, FL 32258  12/28/2022 EFF 01/05/2023  L23000002260  3. Date of filing/registration in Florida 4. Document number  KHADIJEH HEMMATI Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  ZENBUSINESS INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  336 E. COLLEGE AVENUE. SUITE 301  TALLAHASSEE , FL 32301  THE CORRALES LAW FIRM. PLLC Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address: The State of Florida, it is hereby confirmed that after the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the limited liability company is not organized under the laws of the state of Florida, it is hereby confirmed that after the limited liability company is not organized under the laws of the state of Florida, it is hereby confirmed that after the registered of fire and the business of the registered of fire and the business of the registered of the registered of fire and the business of the registered o	2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:					
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agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  CHANCE SCHWARTZ, AUTHORIZED MEMBER  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in virting of this change.  Signature of Registered Agent	chang agent was/w the at Sight I here provis the ob- to mei notifie	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like are authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ware of a member or authorized representative of a member seby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a support of this change	register ability c of the lin limited  CH  ree to ac perform	ompany, it is nited liability liability con ANCE SCHV	s hereby confirmed that the change(s) sy company or as otherwise provided in apany.  VARTZ, AUTHORIZED MEMBER  Printed or typed name of signee  activ. I further agree to comply with the duties, and I am familiar with and accept  I. F.S. Or. if this document is being filed			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	-signat		n	17. T.D.L	El 32314			