Fax: 8134365206

Division of Corporations

Florida Department of State Byjstem of Congorations Eleganic filling Gover Sheat

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To:

Division of Corporations

Fax Number

: (850)617-6383

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 ALL BRICKELL CONSULTING LLC

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SEP 1 2 2023

To 18506176383

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company.	LE CONSULTING LLC	
2. (a)		(b)	
	Principal office address of limited hability company (<u>Note: MUST BE STREET ADDRESS</u>)	· · · · · · · · · · · · · · · · · ·	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
,		L23000100	
3.	Date of filing/registration in Florida	nā,	Document number
5. (a)			
	Registered Agent and Registered Office shown on the record	Is of the Fiorida Dept, of Sta	ite
	16141 SW 83RD AVE		
	Registered Office Address	<u>(ET ADDRESS)</u>	
	РАЦМЕТТО ВЛУ	. FL ³³¹⁵⁷	_
(b)	Registered Agents Inc	· · · · · · · · · · · · · · · · · · ·	2023 SEP 1
	Enter name of NEW Registered Agent and/or NEW Regist	cred Office address.	SER A
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		>
	St. Petersburg	, F1	− <u>† </u>
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe cles of organization or the operating agreement of	is of the registered officed liability company, it are sof the limited liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ure of a member or authorized representative of a member	Robin Jones	
			Printed or typed name of signce
provisi the obl to mere natities	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as proved reflect a change in the registered office address on writing of this change.	leic performance of my vided for in Chapter 60 s, Thereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, it this document is being filed the limited liability company has been
443 D-4	David Roberts - Assistal	nt Secretary	

Signature of Registered Agent