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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (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. ** ref

Email Ad	ddress:	

LLC REGISTERED AGENT CHANGE YOUNIVERSAL GUIDANCE, LLC

Certificate of Status	0
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M. SOLOMON

SEP 2 4 2024

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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. N	ame of the limited liability company: YOUNIV	/ERSA	L GUIDANCE, LI	_C	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POST	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			22222422422		
	03/01/23	_ <u>L</u>	_23000108489	·	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	SUNSHINE CORPORATE FILINGS	LLC			
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records o	Dept. of State:			
	7901 4TH ST N		. ~		
	Registered Office Address (MUST BE FLORIDA STREET	ں 17ہے۔ 2 مرتا	024		
	STE 300	— }; — 15	₹		
	ST. PETERSBURG . F	ւ_33702		ω l ω l	
(b)	Northwest Registered Agent	្តី ភេទ ពេក	- X		
	Enter name of NEW Registered Agent and/or NEW Registere	<u>ress</u> :	: 38 8		
	7901 4th St N		·		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	L33702			
the cha agent was/w the art	limited liability company is not organized under the lating or changes are made, the Florida street address of 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	of the registe liability com of the limite e limited lia	ered office and the business off apany, it is hereby confirmed the ed liability company or as other	ice of the registered nat the change(s)	
	nure of a member or authorized representative of a member		Printed or typed name of	f signce	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely ely reflect a change in the registered office address, I d in writing of this change.	gree to act in e performan ed for in Ch I hereby con	n this capacity. I further agree nce of my duties, and I am fami napter 605, F.S. Or, if this doct nfirm that the limited liability co	to comply with the liar with and accept ument is being filed ompany has been	

Signature of Registered Agent

Taylor Newman - Assistant Secretary