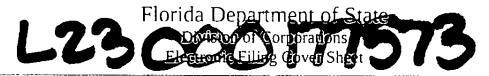
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000258641 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

1	Address.			
-maii	MUULBEE.			

LLC REGISTERED AGENT CHANGE FLYNNSTREET CONSULTANT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

JUL 26 2023

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:

| Flynnstreet consultant LLC | Property | Provided Head of the limited liability company | Provided Head of the limited liability | Provided Head of the liabi

		(l	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/10/2023		L23000	177573
	Date of filing/registration in Florida	4.		Document number
(a)	MARSHALL, KEVIN D			
,	Registered Agent and Registered Office shown on the records	s of the Florida	a Dept. of	f State:
	Registered Office Address (MUST BE FLORIDA STREE			
	1113 111 111 111 111 111 111 111 111 11	<u>ET ADDRESS</u>	<u>n</u>	
	5057 SW 162ND AVE	ET ADDRESS	<u> </u>	
	5057 SW 162ND AVE		<u> </u>	
(b)	5057 SW 162ND AVE	FL_33027	<u> </u>	
(b)	5057 SW 162ND AVE MIRAMAR	FL_33027		2023 JI
(p)	5057 SW 162ND AVE MIRAMAR Registered Agents Inc	FL_33027		2023 JUL 25 2023 JUL 25 SECRETAR FALLARASS
(b)	5057 SW 162ND AVE MIRAMAR Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	FL_33027		
(p)	5057 SW 162ND AVE MIRAMAR Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	FL_33027		FILED 25 AM Asselfa
(p)	MIRAMAR Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	FL_33027		FILE 25

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

Signature of a member or authorized regresentative of a member

David Roberts

Robin Jones

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 filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

· Assistant Secretary

Signature of Registered Agent