Fax: 2083526281 1/2/2025 10:21:19 PST Ta: 18506176383 Page 1/2 From: Registered Agents Inc.

Florida Department of State

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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE JANAE THOMAS CONSULTING AND MANAGEMENT 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L Na	une of the limited liability company.	S CONSUL	TING AND M	MANAGEMENT	LLC			
2. (a)		(b)						
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)					
	10810 Boyette Rd 477		10810 Boyelte Rd 477					
	Riverview Florida 33578		Riverview Florida 33578					
	07/17/23	i	_230003358	51				
3.	Date of filing/registration in Florida	4.	·	Document nu	inber			
5. (a)	UNITED STATES CORPORATION AGENTS, INC.							
(11.)	Registered Agent and Registered Office shown on the records o					2		
	476 RIVERSIDE AVE.				: -	025		
	Registered Office Address (MUST BE FLORIDA STREET		•	2025 JAN -				
	JACKSONVILLE F	1 ₋ 32202				CJ	 М Э	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:				: ·	9: 09		
	7901 4th St N							
	NEW Registered Office Address:	 · · · · · · · · · · · · · · · · · ·						
	STE 300	····						
	St. Petersourg	33702 L						
the cha agent w was/we thirantic	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the member of a member	f the regist iability con of the limit limited lia	ered office apany, it is ed liability	and the busin hereby confir company or a	ess of hand the	ee of that the c	ie registered hange(s)	
Signat	ure of a member or authorized representative of a member			Printed or typed	name of	signee		
Thereb provision the obli to mere notified	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I I'm writing of this change.	e performa ed för in Cl	uce of my d lapter 605.	lutics, and Lav F.S. Or. if th	n famili is docu	iar with ment is	i and accept being filed	
	David Roberts - Assistant S	Secretary						
Signatur	e of Registered Agent							