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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

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LLC REGISTERED AGENT CHANGE RLJS CONSULTING LLC

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APR U 2 2024

T. LEMIEUX

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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.

1. N	ame of the limited liability company: RLJS Consulting	LLC	
2. (a)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	08/08/23		00378207
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	f the Florida Dept	of State:
	936 SW 1ST AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		. 2
	#90		024
	<u>мілмі</u> , , F	33130	77 1 1 2024 APR - 1
(d)	Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		•
	7901 4th St N		FD 9: 32
	NEW Registered Office Address:		
	STE 300	<u>, .</u>	
	St. Petersburg , F	1	
the cha agent was/was/wathe art	imited liability company is not organized under the lange or changes are made, the Florida street address owill 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 Market School of the Market Sc	of the registered liability compa- of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the obi to mer notifig	hy accept the appointment as registered agent and agions of all statules relative to the proper and completing attention of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act in the c performance ed for in Chap I hereby confiri	its capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
- / l/-	Taylor Newman · Assistant S	Secretary	

Signature of Registered Agent