11.5

ittp

**Division of Corporations** 

## Florida Department of State

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.

(((H24000217446 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

er the email address for this business entity to be used for future The same and report mailings. Enter only one email address please.\*\*

元元:Email Address:\_

## LLC REGISTERED AGENT CHANGE AQUA CONSULTING GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Na	me of the limited liability company:	Group LLC	
i)	(A)	(b)	
., .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  54		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	<u> </u>		
	03/06/24	L2400	00114971
	्रह्नु Date of filing/registration in Florida	4.	Document number
a)	FINKE, MARY K		
,	Registered Agent and Registered Office shown on the records of		
	4549 SANDHURST DR		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	:C.;		
		32817	2024 .1::
a)	Registered Agents Inc		. 2
p) .	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:	Office address:	
) ,	Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	l Office address:	24
))	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> , 7901 4th St N  NEW Registered Office Address:	33702	
e li ha t we ertic	Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:  STE 300  St. Petersburg	ws of the State of the registered ability compare of the limited limited limited limited limited	e of Florida, it is hereby confirmed that after d office and the business office of the registerny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  The Printed or typed name of signee

6/247