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To:

Division of Corporations

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From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835 : (954)301-0417 Fax Number

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LLC REGISTERED AGENT CHANGE NOEL LORENZO NUNEZ LLC

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M. SOLOMON SEP - 4 2024

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. Na	ame of the limited liability company: NOEL LORE	NZO NU	JNEZ LLC	: 	
2. (a)	8452 S U.S. Hwy	(b)	8452 S U.S. Hw	y
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Sote: MAY BE POST	
	Port St. Lucie, FL 34952			Port St. Lucie, FL 3495	32
3.	03/18/2024 Date of filing/registration in Florida	- 4.		L.24000132317 Document number	
5. (a)				-	
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	: :	
	Nunez, Noel L.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		•	788 789	
	2950 W Cypress Creek RD 101			-	HY Gye H 3S 1
	Fort Lauderdale . FL.	33	309	-	1024 SEP - 4 PM 4: 48 SECNETARY OF STATE ALL AHASSEE FLORID
(b)					FELFE FPK
(4.)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>lress</u> :	•	STATE STATE
	EZCOMPLIANCE, LLC				
	NEW Registered Office Address:	,		-	
	7971 Riviera Blvd Suite 204,			-	
	Miramar , FL	3302	.3		
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l Nunez	registered bility con f the limi	d office and npany, it is ted liability	I the business office of hereby confirmed the company or as other pany.	f the registered at the change(s)
unes fluster (1	N/3 20/4 7/ S (6)			Nunez, Noel L.	
I herei provisi the obl to mere	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	verforma. Hör in C.	nce of my a hapter 605.	luties, and I am famili . F.SOr. if this docu	to comply with the ar with and accept ment is being filed

Signature of Registered Agent