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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 LINO CONSULTING LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

M. SOLOMON

SEP 17 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

1. N	ame of the limited liability company: LINO C	onsulting	LLC			
2. (a)	7901 4th St N	(b) -	(b) 7901 4th St N  Mailing address of limited Hability company:  (Note: MAY BE POST OFFICE BOX)			
( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:				
	STE 300	5	STE 300			
	St. Petersburg, FL 33702	St. Petersburg, FL 3370	)2			
	05/09/24	L	24000218150			
3.	Date of filing/registration in Florida	4.	Document number	r		
5. (a)	ALBION LLC					
(0)	Registered Agent and Registered Office shown on the reco	ds of the Florida De	ept. of State:			
	1101 S ROGERS CIR					
	Registered Ortice Address (MUST BE FLORIDA STR	EET ADDRESS)		<u> 2</u> 20		
	STE 4			24 S		
	BOCA RATON	<sub>. FL</sub> 33487		## ## ## ## ## ## ## ## ## ## ## ## ##		
(Ե)	Registered Agents Inc		ASSE	्र व्य		
` ,	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addre	<u>ss</u> :	O		
	7901 4th St N		ب ترب	19 (1)		
	NEW Registered Office Address:					
	STE 300	<del></del>				
	St. Petersburg	_, <sub>FL</sub> 33702				
the chagent was/w	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the register ed liability comp ers of the limite f the limited liab	red office and the business op pany, it is hereby confirmed d liability company or as ot	office of the registered I that the change(s)		

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.

David Roberts - Assistant Secretary

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authofized representative of a member