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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

& Enterathe email address for this business entity to be used for future

"annual report mailings. Enter only one email address please.\*\* ∠ Email Address:\_

## LLC REGISTERED AGENT CHANGE KHALIL OSIRIS CONSULTING

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

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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:   | OSIRIS CONSU  | LTING LLC   |  |  |
|--|---|---|---|--|--|
| 2. (a)   |   |   | (b)   |  |  |
|  | Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)  | pany:   |   | Mailing address of limite (Note: MAY BE POS                              | d liability company:                     |
|  | 7901 4th St N STE 300   |   | 7901 4th S  | St N STE 300   |  |
|  | St. Petersburg FL 33702   |   | St. Peters  | burg FL 33702  |  |
|  | 07/19/24  |   | L240003226  | 009  |  |
| 3.   | Date of filing/registration in Florida  | 4,  |   | Document number  |  |
| 5. (a)   | OSIRIS, KHALIL  |   |   |  |  |
|  | Registered Agent and Registered Office shown on the r   |   |   |  |  |
|  | 108 PINE BLOSSOM TRL  |   |   |  | • •                                      |
|  | Registered Office Address (MUNI BE FLORIDA S  |   |   | _  |  |
|  |   |   |   |  |  |
|  | ST JOHNS  | FL_32259  |   | _  |  |
| (p)  | ST JOHNS  | , Ի [   |   | _  | •  |
|  | Northwest Registered Agent LLC  |   |   |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered Office address.  |   |   | _  | -3                                       |
|  | 7901 4th St N   |   |   |  |  |
|  | NEW Registered Office Address:  |   |   | _  |  |
|  | STE 300   |   |   |  |  |
|  |   |   |   | _  |  |
|  | St. Petersburg  | , FL33702   |   | _  |  |
| he cha<br>igent w<br>vas/we<br>he arti               | mited liability company is not organized undenge or changes are made, the Florida street adrill be identical. Or, in the case of a Florida line authorized by an affirmative vote of the medes of organization or the operating agreement | dress of the reg<br>mited liability (<br>ambers of the li<br>n of the limited | gistered offic<br>company, it i<br>mited liabilit | e and the business of<br>is hereby confirmed to<br>y company or as other | fice of the registered hat the change(s) |
| /  | the of a member or authorized representative of a memb  | . IVe   | ——————————————————————————————————————            | Printed or typed name of   | f stence                                 |
| l herel<br>provisio<br>he obli<br>o mere<br>potifica | by accept the appointment as registered agent<br>ons of all standes relative to the proper and ex-<br>igations of my position as registered agent as<br>ly reflect a change in the registered office add<br>in writing of this change.    | and agree to a<br>omplete perfori<br>provided för in<br>Iress, I hereby       | nance of my<br>Chapter 602<br>confirm that        | acity I firther agree  | to comply with the                       |
|  | Taylor Newman - Ass   | sistant Secretary   |   |  |  |