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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

the email address for this business entity to be used for future

ammual report mailings. Enter only one email address please.** Émáil Address:_

LLC REGISTERED AGENT CHANGE TWIY CONSULTING LLC

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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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company:	CONSULTIN	NG LLC	;	
2. (a)	7901 4TH ST N STE 300		(b	7901 4TH	H ST N STE 300
(u)	Principal office address of limited liability cort (Note: MUST BE STREET ADDRESS		. (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. PETERSBURG, FL 33702			ST. PETE	ERSBURG, FL 33702
	11/24/2024		I	 L24000495	5819
3.	Date of filing/registration in Florida		4.		Document number
5. (a)	ANTEOLA, RACQUELLE				
). (<i>a</i>)	Registered Agent and Registered Office shown on the	records of the	Florida	Dept, of Stat	- e:
	25232 SW 122ND COURT				彩色力
	Registered Office Address (MUST BE FLORIDA	PEC T			
	HOMESTEAD	FL	3032		PALLAHASSEE FLORING
(b)	NORTHWEST REGISTERED AGENT LLC Enter name of NEW Registered Agent and/or NEW F 7901 4TH ST N	- 27			
	NEW Registered Office Address:				_
	STE 300				_
	ST. PETERSBURG	FL	3702		_
change agent was/we he arti	imited liability company is not organized under or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida liter authorized by an affirmative vote of the modes of organization or the operating agreement of a member of a memb	ss of the re- imited liabil embers of the lin	gistered lity cor he limi nited li	d office an npany, it is ted liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	ture of a member or authorized representative of a member	her			Printed or typed name of signee
provisi he obl. o merc	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as dy reflect a change in the registered office addinguishing of this change. Taylor Newman	and agree complete per provided fo dress, I her	to act , rforma or in C, reby co.	in this cape nee of my c hapter 605 ufirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Taylor Newman				