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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 **ACTIONABLE OUTCOMES LLC**

Certificate of Status	0
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Page Count	02
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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.

I. Na	me of the limited liability company: Actionab	le Outco	omes LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing addres	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.	12/20/24 Date of filing/registration in Florida	<u>L2</u>	40005159 Document	00515997 Document number			
5. (a)	MUELLER, DREW Registered Agent and Registered Office shown on the records of 1510 GULF BLVD Registered Office Address (MUST BE FLORIDA STREET 108	. of State:					
() .	INDIAN ROCKS Northwest Registered Agent I Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N			:	2025 J. 11		
	NEW Registered Office Address: STE 300				21 21 41	- · - ·	
	St. Petersburg	33702			ထင္		
the char agent w was/we:	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited ling reauthorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registered ability compa of the limited	d office and the bu ny, it is hereby cor liability company (siness offic nfirmed tha	ce of the reg it the change	jistered e(s)	
, , , , , , , , , , , , , , , , , , ,	ore of a member or authorized representative of a member	Nat Sr					
, , , , , , , , , , , , , , , , , , ,	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in the performance of for in Chap hereby confirmant Secretary	nis capacity. I furt of my duties, and ter 605, F.S. Or, i m that the limited l	ped name of s her agree t I am Jamili f this docur liability cor		ith the accept g filed seen	

Signature of Registered Agent