(Requestor's Name)							
(Address)							
(Address)							
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10/09/2025

D	ate:	10/09/2025	- will DW
		Acc#I20160000072	- 4n: () = ()
Name:	Applied Scie	ences Consulting, LLC	;
Document #:			
Order #:	16578538		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:	✓	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	25.00	

Thank you!

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: Applied Sciences	Consultin	g, LLC			
2. (a)	1000 N. ASHLEY DRIVE, STE 500	(h	(b) 1000 N. ASHLEY DRIVE, STE 500 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*				
	TAMPA, FL 33602		TAMPA,	FL 33602		
	9/25/2025		L25000437	7214		
	Date of filing/registration in Florida	4.		Document number		
5. (a)	ELIE G ARAJ				NR7 STATE	
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:	TOU 6782	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	<u></u>	_	6- L	
	1000 N. ASHLEY DRIVE, STE 500				1 1	
	TAMPA, FL 33602 , FL	33602		-	MH11: 36	
	C T Corporation System				36	
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:			
	NEW Registered Office Address:			_		
	1200 South Pine Island Road					
	1200 John File Pilling Road			_		
	Plantation	33324		_		
he cha igent v vas/wo he arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the regise ability constitution of the limited l	tered office impany, it ited liabilitiability con	re and the business off is hereby confirmed the ty company or as othe mpany.	ice of the registered nat the change(s)	
Mes	ture of a member or authorized Apresentative of a member	Mich	nael R. Koll	-	o .:	
	H			Printed or typed name o	-	
rovisi he obl o mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change. By: Terrie Medina, Ass. Secy. for C T	performe d for in C hereby co	ance of my Thapter 60 infirm thai	oacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to comply with the liar with and accep ument is being filed ompany has been	
3y:	By: Terrie Medina, Ass. Secy. for CT	, /	3. ~ ar			

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