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| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 534279 7151093 | | | | | | |
| AUTHORIZATION: Lovella Company | | | | | | |
| COST LIMIT : \$25.0 | | | | | | |
| ORDER DATE : July 3, 2024 | | | | | | |
| ORDER TIME : 1:54 PM | | | | | | |
| ORDER NO. : 534279-006 | | | | | | |
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| CUSTOMER NO: 7151093 | | | | | | |
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| CHANGE OF AGENT | | | | | | |
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| NAME: M CONSULTANTS, LLC | | | | | | |
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| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | |
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| CONTACT PERSON: Shauna Godbolt | | | | | | |
| EXAMINER'S INITIALS: | | | | | | |

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.

| 1. N | ame of the limited liability company:M CONSULTA | NTS, LL | .C | |
|-----------------------------|---|---|--|---|
| 2. (a) | 750 Brooksedge Boulevard | (| b) | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | \ | o) <u></u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Westerville, OH 43081 | | | |
| | 04/08/2010 | | M100000 | 01645 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Incorp Services, Inc. | | | |
| | Registered Agent and Registered Office shown on the records of | the Florid | la Dept. of St | ale: |
| | 3458 Lakeshore Drive | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRES. | <u>S)</u> | ET IL E |
| | Tallahassee, FL | 32312 | 2 | FILEL 2024 JUL 12 AM 9: 28 TALLAHASSEE, FLORIDA |
| | | | | AM 9: 28 SEE, FLORID |
| (b) <u>.</u> | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | Idress: | |
| | | | | : 28 ORIF |
| | Corporation Service Company | | | _ P |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | _ |
| | Tallahassee, FL | 32301 | | _ |
| change agent v was/wo | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | vs of the register ability co | ed office a impany, it nited liabili | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | /s/ Mark P. Huffnagle Mark P | | | agle, Authorized Person |
| _ | ure of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisi he obl o mere | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete is ignitions of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address, I have the change of this change. | ee to act perform I for in (iereby co | in this cap ance of my Chapter 60 onfirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| (| | mi M. C | Casper, Ass | t. Vice President |
| | | | | |