## M11000005186

| (Requestor's Name)                      |                     |  |  |  |
|---|---------------------|--|--|--|
| (Address)                               |                     |  |  |  |
| (Address)                               |                     |  |  |  |
| (City/State/Zip/Phone #)                |                     |  |  |  |
| PICK-UP W                               | AIT MAIL            |  |  |  |
| (Business Entity Name)                  |                     |  |  |  |
| (Document Number)                       |                     |  |  |  |
| Certified Copies Cer                    | tificates of Status |  |  |  |
| Special Instructions to Filing Officer: |                     |  |  |  |
|   |                     |  |  |  |
|   |                     |  |  |  |
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195  |  |  |  |  |
|--|--|--|--|--|
| REFERENCE : 310049 7501932   |  |  |  |  |
| AUTHORIZATION : Cressile reaction  |  |  |  |  |
| COST LIMIT : \$ 25.00  |  |  |  |  |
| ORDER DATE : February 7, 2024  |  |  |  |  |
| ORDER TIME : 9:38 AM   |  |  |  |  |
| ORDER NO. : 310049-002   |  |  |  |  |
| CUSTOMER NO: 7501932   |  |  |  |  |
|  |  |  |  |  |
| CHANGE OF AGENT  |  |  |  |  |
| NAME: EAP CONSULTANTS, LLC   |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY |  |  |  |  |
| 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.                       | Name of the limited liability company: EAP CONSULT   | TANTS, LI   | _LC  |  |  |
|--------------------------|--|---|--|--|--|
| 2. (a                    | 1850 PARKWAY PLACE, STE. 700   | (h  | (b) 1850 PARKWAY PLACE, STE. 700   |  |  |
| <b>~</b> . (u            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | (5  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |  |
|                          | MARIETTA, GA 30067   | <del>_</del>  | MARIETTA. GA 30067   |  |  |
|                          | 06/19/2017   |   | M17000005186   |  |  |
| 3.                       | Date of filing/registration in Florida   | 4.  | Document number  |  |  |
| 5. (a                    | Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC.  |   | <u> </u>   |  |  |
|                          | Registered Office Address (MUST BE FLORIDA STREET  2894 REMINGTON GREEN LANE SUITE A   | ଅ<br>ଅଧ   |  |  |  |
|                          | TALLAHASSEE FI   | 32308<br>L_   | TALLAHASS  |  |  |
| (b                       | Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  |   | OF STATE<br>E. FLORIDA   |  |  |
|                          | 1201 hays Street   |   | <del></del>  |  |  |
|                          | Tallahassee, FI  | 32301   |  |  |  |
| chang<br>agent<br>was/v  | e limited liability company is not organized under the large or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of the organization or the operating agreement of the | e registered<br>ability corror<br>of the limited li | red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in |  |  |
| Sign                     | nature of a member or authorized representative of a member  |   | Printed or typed name of signee  |  |  |
| provi<br>the oi<br>to me | reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It defines this change in writing of this change.      | verforma  | ance of my duties, and I am familiar with and accept   |  |  |
| X<br>Signa               | Inace C-Kuble ture of Registered Agent   | G   | Grace E. Kirby, Asst. Vice President   |  |  |