Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000187173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086

: (916)576-7000 Phone Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT CHANGE KARMAI CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

IAN 17 2025

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: KARMAI CONSULTING LLC						
2.	(a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:		
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
		401 E Jackson Street Suite 2340			401 E Jackson Street Suite 2340		
		Tampa, FL 33602			Tampa, FL 33602		
		02/18/2019			M19000001724		
3.		Date of filing/registration in Florida		4.	Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of	fthe	Florida I	Dept. of State:		
		Registered Agents Inc					
		Registered Office Address (MUST BE FLORIDA STREET	AD	DRESS)			
		7901 4th St N STE 300					
		St. Petersburg ,FI	Լ	33702	2 # E T		
	(b)			fice add			
		Rocket Lawyer Corporate Services LLC			PH 3		
		NEW Registered Office Address:			<u> </u>		
		155 Office Plaza Drive, 1st Floor					
		Tallahassee . FL	L 32	301			
cha age was	inge int w s/we	mited 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 liarce authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Seudou Dembels	e reg abil of t	istered ity con ne limit	d office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
<u>s</u>	ignat	ure of smember or authorized representative of a member			Printed or typed name of signee		
I h pro the to t	ereb visio obli nere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I have the complete in writing of this change.	ree per ed fo her	to act it forman r in Ch eby con	n this canacity. I further agree to comply with the		
Sig	natur	re of Registered Agent					