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

	ACCOUNT NO.	:	1200000001	95		
	REFERENCE	:	408931	8445526		
	AUTHORIZATION	:	in			·
	COST LIMIT	:	\$ 25.00	bite non		
ORDER DATE :	April 9, 2024					
ORDER TIME :	2:15 PM			- 		
ORDER NO. :	408931-026				7 - 7	
CUSTOMER NO:	8445526				AM	
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NAME: FORESITE GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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.

. Na	me of the limited liability company:	ITE CONS	SULTING GROUP	P OF FLORIDA, LLC			
2. (a)	3740 Davinci Ct Ste 100	(b) 3740 Davinci Ct Ste 100					
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	、	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Peachtree Corners, GA 30092		Peachtree Corner	rs, GA 30092			
	05/15/2020		M1200000045	531			
	Date of filing/registration in Florida	 4	Docume	ent number			
. (a)	REGISTERED AGENTS INC.						
. (u)	Registered Agent and Registered Office shown on the records of 7901 4TH ST N	f the Florida	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET STE 300	ADDRESS					
	ST. PETERSBURG	33702					
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	117 AM	 + 1		
	Corporation Service Company				на Пам		
	NEW Registered Office Address:			ATE			
	1201 Hays Street						
	Tallahassee	32301					
hange gent w /as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered ability cor of the limi limited lis	i office and the bus npany, it is hereby ted liability compa ability company.	siness office of the regis confirmed that the chan ny or as otherwise provi	tered ige(s)		
Signat	ure of a member or authorized representative of a member		Jill Cilmi, Authorized Person Printed or typed name of signee				
- Lhereb	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office adjusts.	ree to act i performa of for in Ci	n this canacity -1 f	further agree to comply	with the id accep ing filea		

the registered office address, I hereby confirm that the limited liability company has been 10 notified in writing of this change,

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 CSC 408931-26 FILING FEE: \$25.00