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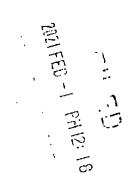
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COVER LETTER

TO:	Registration Section Division of Corporations	r
SUBJ	ECT: Liquid Consu	Harts LLC ne of Limited Liability Company
	Sir or Madam:	
The er	iclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Picase	return all correspondence concerning thi	is matter to the following:
	Name of Person	
	Lignid Lonsoltents L Firm/Company	LC
	3739 (ollins A	ue Apt NZOZ
	Minni Beach F City/State and Zip Code	L 33140
	Paulbnarx @gnail. E-mail address: (to be used for future ann	
	rther information concerning this matter,	
	Pad Marx	_at (576)606_2922
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	\□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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. Na	me of the limited liability company: Liquid Consultants LLC
2. (a)	(b)
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	A 1.02 a
	Minni Bench FL 33140
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Corporate Creations Network
-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	201 15 Wishway
	North 0 1 Beach 33408
	Registered Agents Inc.
(b)	Registered Agents Inc.
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	7901 4th St N NEW Registered Office Address:
	· 'm'
	STE 300
	St. Petersburg FL 33702
the cha agent v was/wo	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	tury of a member of authorized representative of a member Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
30	Bill Havre - Assistant Secretary

Signature of Registered Agent