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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

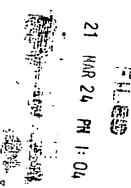
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## LLC REGISTERED AGENT CHANGE FEATHERFALL RESTORATION, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABIBITY 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.

Florida				STORATIO		
	me of the limited liability company: FLATTILI 400 CHESTERFIELD CENTER	(b) 400 CHESTERFIELD CENTER				
2. (a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				company:
	STE 400		STE 40	0		
	CHESTERFIELD, MO 63017	_	CHESTE	RFIELD, MO 63	017	<del></del>
	02/24/2021		M21000	002830		
3.	Date of filing/registration in Florida	4.		Document number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. (a)	LICENSE EXAM SERVICES, LLC					
• ,	Registered Agent and Registered Office shown on the records of the 4713 WEBBER ST.  Registered Office Address (MUST BE FLORIDA STREET A			: -		
		3423	2		21	
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			, NAR	* i	
	7901 4th St N				24 PH	6
	NEW Registered Office Address: STE 300				1: 04	
	St. Petersburg, FL	3370	)2	-		
the cha agent was/w the art	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	company, it is in mited liability for the mited liability cor	s hereby confirmed by company or as oth	that the	change(s)
	Attree of a member or authorized representative of a member	Ri	ley Park	Printed or typed name	of siener	
Signa	ature of a member or authorized representative of a member		موم والعلم والمراجع			
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide vely reflect a change in the registered office address, I do not writing of this change.	d for in hereby	i Chapter 60, confirm that	duties, and I am far 5, F.S. Or, if this do the limited liability	niliar w ocument compai	ith and accep is being filed ny has been

Signature of Registered Agent

Bill Havre - Assistant Secretary