

(shown below) on the top and bottom of all pages of the document.

(((H230002318493)))



H230002318493ABC%

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	2023			
From:			JUN 30			
	Account Name	: LEGALINC CORPORATE SERVICES INC.				
	Account Number	: 120180000011	္လံ မ			
	Phone	: (844)386-0178	•			
	Fax Number	: (214)317-4754	י בד ו			
		r this business entity to be used for future				
annual	report mailings.	Enter only one email address please.**	e e			
<b>B</b> mail A	Address:					



Help

T

(((H23000231849 3)))

## 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	ame of the limited liability company: Mulberry Consul	ting LL	C				-	
2. (a)			(b)				_	
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)					
	4001 Santa Barbara Boulevard, 338	a Barbara Boulevard, 338						
Naples, FL, US, 34104 Naples, FL, US, 34104								
	03/18/2021	M21000003134						
3.	Date of filing/registration in Florida	4.		Document number			-	
5, (a)								
-, (-,	Registered Agent and Registered Office shown on the records of Sceusa, Carl J			State.				
	Registered Office Address <u>MUST BE FLORIDA STREET</u>	ADDRE				~ ~		
1200 SOUTH PINE ISLAND ROADPLANTATION						2023		
	PLANTATION , FL, FL					2023 JUN 30	<u> </u>	
					New Yes			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address		. '.O.	PH I:		
	The man of the second and the second	<u>u onne</u>	addrers		05 2 [X]	<del></del>	$\cup$	
	LEGALINC CORPORATE SERVICES INC.				<u>S</u> H	59		
	NEW Registered Office Address			<u> </u>				
	476 Riverside Ave							
	Jacksonville . FI	L <sup>32202</sup>						
change agent v was/we	imited 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 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the li ilimited	ered office company, i imited liabi	and the business office of t is hereby confirmed that ility company or as othery ompany.	f the regist t the chang	ered ge(s)	_	
Signa	ture of a member or authorized representative of a member			Printed or typed name of s	signee		_	
provisi he obl o mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to a perfor ed for n hereby	ct in this co mance of m i Chapter 6 confirm the	apacity. I further agree to ty duties, and I am familic 05, F.S. Or, if this docum at the limited liability con	o comply v ar with and nent is bei npany has	with the d accept ng filed been		
Signatu	re of Registered Agent							
Jignatu		_						

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

(((H23000231849 3)))