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(Requestor's Name)		
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-	(Business Entity Name)	
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 770987 8467072				
AUTHORIZATION :				
COST LIMIT : \$ 25.00				
ORDER DATE: November 18, 2024				
ORDER TIME: 10:31 AM				
ORDER NO. : 770987-070				
CUSTOMER NO: 8467072				
CHANGE OF AGENT				
NAME: R&D CONSULTING GROUP, LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY PLAIN 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.

1. N	ame of the limited liability company: R&D CONSULT	TING GROUP, LLC
2. (a)	8910 University Center Lane	8910 University Center Lane
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400	Suite 400
	San Diego, CA 92122	San Diego, CA 92122
	09/19/2022	M22000014529
3.	Date of filing/registration in Florida	4. Document number
5. (a)	NRAI SERVICES, INC.	
<i></i> (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)
		\odot
	PLANTATION	33324
	, , r i	
(b)		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	Corporation Service Company	1 33324 2 2024 DEC -3 11:48
	NEW Registered Office Address:	848
	1201 Hays Street	
	Tallahassee	32301 L
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	nws of the State of Florida, it is hereby confirmed that after the eregistered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.
	avid Collier	David Collier, Authorized Person
_	ture of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to me r	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I of in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signate	ire of Registered Agent	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 770987