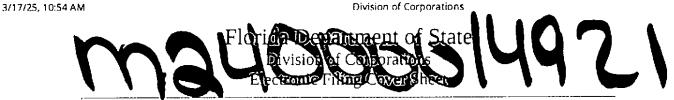
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000099374 3)))



H250000993743ABC6

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

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

er the email address for this business entity to be used for future "annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECURE OPTIONS CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Mar 17, 2025 11:19 To: +18506176383 Page: 2/3 Fax: 18134365206

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

State: Secure Options Consulting, LLC		
Enter new principal office address, if applicable:	7901 4th St N	
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	STE 300	
	St. Petersburg FL 33702	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M24000014921	2025 MAR 17
3. Jurisdiction of its organization:		#R 1
4. Date authorized to do business in Florida: 11/26		7
SECTION 11 (5.0 complete only the applicable	abunuse)	
New name of the limited liability company:  (mus	t contain "Limited Liability Company,"	"ISB.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business naging members adopting the alternate r	in Florida and attach a
6. If amending the registered agent and/or registere registered agent and/or the new registered office agent		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street 2	1.dd
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I fur and complete performance of my duties, tered agent as provided for in Chapter 6 in the registered office address, I hereby	, and I am familiar with 05, F.S. Or, if this

Fax: 18134365206

Mar 17, 2025 11:19

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Cuomo, Andrew	444 W Lake Street 17th Floor	□Add
		Chicago, IL 60606	<b>©</b> Remo
Cuomo, Andrew	7901 4th St N STE 300	<b>⊘</b> Add	
		St. Petersburg FL 33702	□Remo
			□Add
			□Remo
			□Add
			□Remo
			⊟Add
aforemention	mder the law of which this entity	eated by the official having custody of records in the	□Remo

Filing Fee: \$25.00