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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

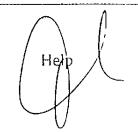
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	 	

## REGISTERED AGENT CHANGE MONK CONSULTING SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: MONK CONSULTING SERVICES INC	
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/28/2023 Document number: P23000055896	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
LEGALINC CORPORATE SERVICES INC.	
476 RIVERSIDE AVE.	
JACKSONVILLE, FL 32202	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
(if changed):  Registered Agents Inc	
7901 4th St N STE 300	
P.O. Box NOT acceptable	G*
St. Petersburg FL 33702	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Daralyn Dale, President	
Signalize of aix of Director Printed or typed name and little	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, document is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change.	rance if this it the
David Abouts 08/02/2024	
If signing on behalf of an entity:	
David Roberts	
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*