Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

13940 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618

FEI Number: 46-1055104

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NIRGUDKAR, AMOL 13940 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorized Person(s) Detail : Title MGRM Title MGRM Name APTE, SUHAS Name APTE, MEGHA Address 4201 BAYSHORE BLVD, UNIT 1602 Address 4201 BAYSHORE BLVD, UNIT 1602 TAMPA FL 33611 City-State-Zip: TAMPA FL 33611 City-State-Zip:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000121672

Entity Name: APTE CONSULTANTS, LLC

Current Principal Place of Business:

C/O AMOL NIRGUDKAR, RELIANCE CONSULTING, L 13940 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618

Current Mailing Address:

C/O AMOL NIRGUDKAR, RELIANCE CONSULTING, L

MANAGING PARTNER

01/13/2020

Date

FILED Jan 13, 2020 Secretary of State 1544427422CC

Date

Certificate of Status Desired: No

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUHAS APTE