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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000004860

Entity Name: OSC CONSULTING, LLC

Current Principal Place of Business:

3600 MYSTIC POINTE DR. APT. 808 AVENTURA, FL 33180

Current Mailing Address:

3600 MYSTIC POINTE DR. APT. 808 AVENTURA, FL 33180 US

FEI Number: 46-4723660

Name and Address of Current Registered Agent:

SHMUELI, OREN 3600 MYSTIC POINTE DR. APT. 808 AVENTURA, FL 33180 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: Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SHMUELI, OREN	Name	HO, CARRIE
Address	3600 MYSTIC POINTE DR. APT 808	Address	3600 MYSTIC POINTE DR. APT 808
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

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

AUTHORIZED MEMBER 06/01/2020

FILED Jun 01, 2020 Secretary of State 7620221221CC

Certificate of Status Desired: No

Date

Date