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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Strom Consulting, LLC (Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Timothy Lund, Secretary-Treasurer (Name of Person)	·
Strom Consulting, LLC (Firm/Company)	
10505 Wayzata Blvd (Address)	
Minnetonka, MN 55305	
(City/State and Zip Code) For further information concerning this matter	
Timothy Lund	at (952) 544-8644
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
	☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: Strom Cons	sulting, LLC		.	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	pany: 10505 Wayzata Blvd Minnetonka, MN 55305			
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10505 Wayzata Blvd Minnetonka, MN 55305	O FEB -9	(+ , +	
03/16/ 3: Da	2005 te of filing/registration in Florida	L05000026762 4. Document number	AM II 49 SEE FLORIO	or and	
	Registered Agent and Registered Office shown on		D		
	Registered Agent: <u>C T Corporation System</u>				
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324		•	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address			
	<u>NEW</u> Registered Agent:	InCorp Services, Inc.		+	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		17888 67th Court North			
		Loxahatchee	,FL <u>33470</u>		
that a office hereb liabili limite	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	et address of the registered offi- ase of a Florida limited liabilit by an affirmative vote of the m	ce and the business y company, it is embers of the limited	l	
	Radick d or typed name of signee)				
•	eby accept the appointment as registered agent and a y with the provisions of all statutes relative to the pr miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that the limited liability company has been notified	agree to act in this capacity. I oper and complete performance as registered agent as provide change in the registered office d in writing of this change.	further agree to e of my duties, and I ed for in Chapter 608 address, I hereby	,	
(Stignat	Mce Jule on behalf of Incorp	Services, Inc.			

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