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SECRETARY OF STATE
WITH ANASSET FINSHIP

OCT 27 2015 J. HARRIS

COVER LETTER

Divi	sion of Corporations				
SUBJECT:	904 Consulting, LLC				
50202011	Name	Name of Limited Liability Company			
Dear Sir or M	Madam:				
The enclosed	l Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the fol	lowing:		
John Ruth	erford				
	Name of Person				
904 Consu	ılting, LLC				
	Firm/Company				
4237 Salis	bury Road N. Ste 205				
	Address				
Jacksonvill	le FL 32216				
	City/State and Zip Code				
jrutherford	@904consulting.com				
E-mail	address: (to be used for future annua	l report notifica	tion)		
For further ir	nformation concerning this matter, pl	ease call:			
John Ruthe	erford	904 at (228-0944		
	Name of Person		Area Code & Daytime Telephone Number		
Regi: Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Regis Divis P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314		
Encl	osed is a check for the following ar	nount:			
☑ \$2	25 Filing Fee	\$55 \$	Filing Fee & Certified Copy		

TO: Registration Section

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Name of the limited liability company: 904 Consult	ting, LLC
a) 904 Consulting, LLC	(b) 904 Consulting, LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4237 Salisbury Road N. Ste 205	4237 Salisbury Road N. Ste 205
Jacksonville, FL 32216	Jacksonville, FL 32216
10/17/2014	L14000162134
Date of filing/registration in Florida	4. Document number
(a) United States Corporation Agents, Inc.	
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
13302 Winding Oak Court	
Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
Suite A	
Tampa ,	33612 FL 33612
, r	
John Rutherford	26 Page 1
Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
4237 Salisbury Road North	
NEW Registered Office Address:	
Suite 205	
Jacksonville, F	FL_32216
change or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members articles of organization or the operating agreement of the member of a member or authorized representative of a member are by accept the appointment as registered agent and a visions of all statutes relative to the proper and complete	laws of the State of Florida, it is hereby confirmed that afte of the registered office and the business office of the regist liability company, it is hereby confirmed that the change(s s of the limited liability company or as otherwise provided he limited liability company. Printed or typed name of signee agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and act ded for in Chapter 605, F.S. Or, if this document is being f I hereby confirm that the limited liability company has bee

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