

L170000 65286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

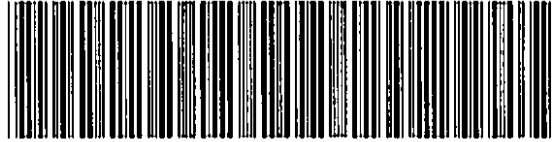
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 OCT 21 AM 8:37

FILED

SULKER

OCT 21 2019

X



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2019

ESPS CONSULTING LLC  
5020 NW 116 CT  
MIAMI, FL 32178

SUBJECT: ESPS CONSULTING LLC  
Ref. Number: L17000065286

We have received your document for ESPS CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 219A00020321

2019 OCT 21 AM 10:43

RECEIVED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESPS CONSULTING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENE E. ARTEAGA

Name of Person

ESPS CONSULTING LLC

Firm/Company

5020 NW 116 CT

Address

MIAMI FL 33178

City/State and Zip Code

ESPSCONSULTINGLLC@EMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENE E. ARTEAGA

Name of Person

at 305 | 505 9191

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 amount:

\$25 Filing Fee

\$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 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*

1. Name of the limited liability company: ESPS CONSULTING LLC

2. (a) 5020 NW 116 CT (b) 5020 NW 116 CT

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

MIAMI FL 33178

MIAMI FL 33178

3. 03/22/2017 Date of filing/registration in Florida 4. L 17000065286 Document number

5. (a) MARIA V. CACERES  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5020 NW 116 CT

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI FL 33178

(b) RENE E. ARTEAGA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

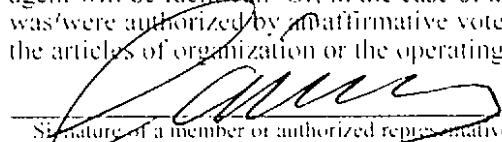
5020 NW 116 CT

NEW Registered Office Address:

MIAMI FL 33178

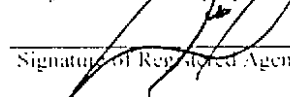
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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

MARIA V. CACERES  
Printed or typed name of signee

*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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent