

480000 97357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*application received
outlets dec*

Office Use Only



800326510798

03/29/19--01024--014 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 11 AM 11:23

RA Change

APR 11 2019
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Ducos Consulting

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:

Angela Ducos

Name of Person

A Ducos Consulting

Firm/Company

407 S. Newport Ave

Address

Tampa, FL 33606

City/State and Zip Code

aducos@gmail.com

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

For further information concerning this matter, please call:

Angela Ducos

at (813) 787-1020

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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 APR 11 AM 11:23

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

Pursuant to the provisions of sections 605.011 to 605.016, 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: A. Ducos Consulting LLC
 2. 407 S. Newport Ave. Tampa FL 33606
(City) (State) (Zip)
Note: MUST BE STREET ADDRESS Note: MAY BE POST OFFICE BOX

3. Date of filing registration in Florida: _____ Document number: _____
 4. Legalinc Corporate Services Inc
(Name of Registered Agent) (Address of Registered Agent)

5237 Summerlin Commons, Suite 400
Fort Myers, FL 33907
(MUST BE FLORIDA STREET ADDRESS)

5. Angela Ducos
(Name of NEW Registered Agent) (Name of NEW Registered Office address)
407 S. Newport Ave
Tampa, FL 33606

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 19 APR 11 AM 11:23

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 changes 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.

Angela Ducos
Signature of a member or officer of the limited liability company
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the obligations of my position as registered agent or as member of the limited liability company. If this document is being filed to notify of a change of the registered office address, I hereby confirm that the limited liability company has been organized under the laws of the State of Florida.