

L190000 25023

(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:

Office Use Only



800325075298

02/25/19--01018--017 \*4.25.00

FILED  
FALLA HASSEL, FLORIDA

19 FEB 25 AM 8:11

MAR 06 2019  
S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHM 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:

Noah Milgrim  
Name of Person

PHM Consulting LLC  
Firm/Company

2263 NW Boca Raton Blvd. Ste. 201  
Address

Boca Raton, FL 33431  
City/State and Zip Code

nmilgrim24@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noah Milgrim at ( 561 ) 504-8292  
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

**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: PHM Consulting

2. (a) 1177 Hypoluxo Rd. (b) 250 Congress Park Dr.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Lantana, FL 33462

Apt 460  
Delray Beach, FL 33445

3. 1/23/19 4. L19000025023  
 Date of filing/registration in Florida Document number

5. (a) Kyle Patton  
 Registered Agent and Registered Office shown on the records of the Florida Dept of State:

1177 Hypoluxo Rd.  
 Registered Office Address **MUST BE FLORIDA STREET ADDRESS**  
Lantana, FL 33462

(b) Anthony Reeder  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2263 B/W Boca Raton Blvd.  
**NEW Registered Office Address:**  
Sk. 201  
Boca Raton, FL 33431

19 FEB 25 AM 8:11  
 SECRETARY OF STATE  
 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]  
 Signature of a member or authorized representative of a member

Noah Milgrim  
 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 of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
 Signature of Registered Agent