

L19 0000 92759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

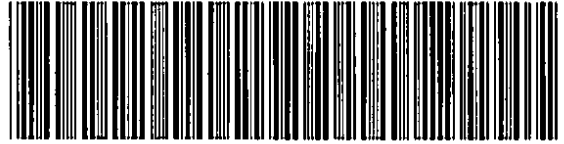
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 26 PM 5:20

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D. BRUCE  
AUG 12 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DREKAR 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:

ANDRE ACEVEDO  
Name of Person

DREKAR CONSULTING LLC  
Firm/Company

4971 GRAND LAKES DRIVE NORTH  
Address

JACKSONVILLE, FL 32258  
City/State and Zip Code

ANDREACEVEDO@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE ACEVEDO at ( 904 ) 206-2554  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: DREKAR CONSULTING LLC

2. (a) <u>4971 GRAND LAKES DRIVE NORTH</u> Principal office address of limited liability company: (Note: <b><u>MUST BE STREET ADDRESS</u></b> ) <u>JACKSONVILLE, FL 32258</u>	(b) <u>4971 GRAND LAKES DRIVE NORTH</u> Mailing address of limited liability company: (Note: <b><u>MAY BE POST OFFICE BOX</u></b> ) <u>JACKSONVILLE, FL 32258</u>
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3. <u>APRIL 3, 2019</u> Date of filing/registration in Florida	4. <u>L19000092759</u> Document number
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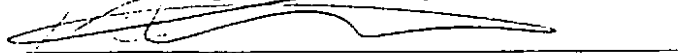
5. (a) LEGALINC CORPORATE SERVICES INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5237 SUMMERLILN COMMONS, SUITE 400

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
FORT MYERS FL 33907

(b) ANDRE ACEVEDO  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**  
4971 GRAND LAKES DRIVE NORTH  
**NEW Registered Office Address:**  
JACKSONVILLE FL 32258

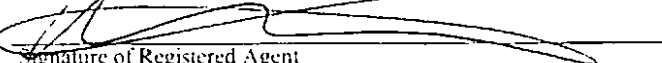
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**TALLAHASSEE, FL**

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

ANDRE ACEVEDO  
 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