

L19 000126365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

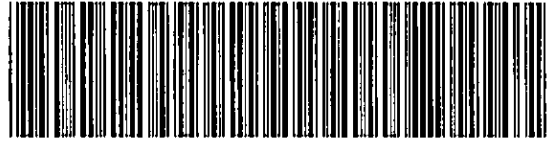
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAS CONSULTING GROUP, 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:

ERIC N. APPLETON, ESQ.

Name of Person

APPLETON REISS, PLLC

Firm/Company

215 N. HOWARD AVENUE, SUITE 200

Address

TAMPA, FL 33606

City/State and Zip Code

eappleton@appletonreiss.com

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

For further information concerning this matter, please call:

ERIC N. APPLETON

813

542-8888

at ()

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

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: LAS CONSULTING GROUP, LLC

2. (a) 1517 QUAIL DRIVE, DUNEDIN, FL 34698 (b) 1517 QUAIL DRIVE, DUNEDIN, FL 34698
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 05/09/2019 Date of filing/registration in Florida 4. L19000126365 Document number

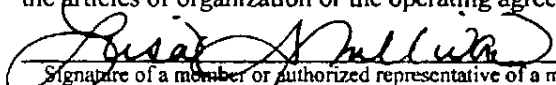
5. (a) ERIC N. APPLETON, ESQ.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
501 E. KENNEDY BLVD, SUITE 802
TAMPA, FL 33602

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
ERIC N. APPLETON, ESQ.
NEW Registered Office Address:
215 N. HOWARD AVENUE, SUITE 200
TAMPA, FL 33606

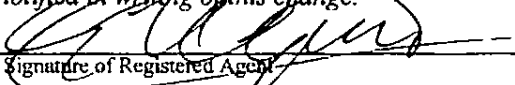
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

LISA A. SULLIVAN
 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