

5/3/23, 10:41 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC REGISTERED AGENT CHANGE
 CONSULTING RD LLC**

Certificate of Status	0
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Page Count	03
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MAY 04 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSULTING RD 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:

Rafael G. Nunez
Name of Person

Firm/Company

945 Meridian Av Apt 1
Address

Miami Beach, Florida, 33139
City/State and Zip Code

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

For further information concerning this matter, please call:

Rafael G, Nunez at (305) 903-7260
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: CONSULTING RD LLC

2. (a) <u>945 Meridian Av</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Apt 1</u> <u>Miami Beach Florida 33139</u> <u>11/16/2021</u>	(b) <u>945 Meridian Av</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Apt 1</u> <u>Miami Beach Florida 33139</u> <u>L21000492572</u>
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3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
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5. (a) MONAHAN, ROARK R
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
75 VALENCIA AVE
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUITE 703
CORAL GABLES, FL 33134

(b) Rafael G Nunez
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
945 Meridian Av
NEW Registered Office Address:
Apt 1
Miami Beach, FL 33139

2023 MAY - 3 PM 3:00
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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.

<u>Signature of a member or authorized representative of a member</u>	<u>Rafael G Nunez</u>
	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