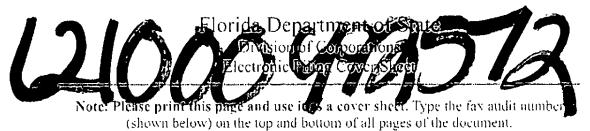
5/3/23, 10.41 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA

Account Number : I20050000157 Phone : (305)407-1438 Fax Number : (305)397-1003

**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

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COVER LETTER

TO: Registration Section Division of Corporations	
CONSULTING RD LLC SUBJECT:	
·	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s 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 annua	al report notification)
For further information concerning this matter, p	lease call:
Rafael G, Nunez	305 903-7260 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
Euclosed is a check for the following an	nount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.	Na	ame of the limited liability company: CONSULTIN	G RD LI	.C						
2.	(a)	945 Meridian Av		C)	945 Meri	dían Av				
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*	·//	Mailing address				ζ;
		Apti			Apt 1	· <u></u>				
		Miami Beach Florida 33139			Miami Be	each Florida 33	139			
		11/16/2021			L2100049	2572				
3. 5.	(a)	Date of filing/registration in Florida MONAHAN, ROARK R	4.	•		Document n	umber			
-	(4,	Registered Agent and Registered Office shown on the records 75 VALENCIA AVE	of the Flo	rida	Dept. of Stat	e:				
		Registered Office Address	TADDRI	255	!	-				
		CORAL GABLES	FL_33134			-				
ĺ	b) _	Rafael G Nunez				-				
,		Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	ress;	-				
		945 Meridian Av					÷	-	202	
		NEW Registered Office Address:			·	•			7.4 EZDZ	
		Apt 1								
						•			င်	
		Miami Beach , F	L_33139					•	7	L
agen was/	ec d Uwi Werd	nited liability company is not organized under the last changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited less authorized by an affirmative vote of the members es of organization or the operating agreement of the	e registed inhibition	red	office and pany, it is	the business hereby confir	office of t	hereg	istefed	
-Sio	patur	e of a member of authorized representative of a member	Ra	fac	G Nuncz					
I her provi the o to me notifi	reby isior blig erely ed i	accept the appointment as registered agent and ages of all statutes relative to the proper and complete ations of my position as registered agent as provided reflect a chapte of the registered office address. In writing of the change.	i perjorn	$C_{I_2}^{tan}$	this capac ce of my di	uues, ana 1 ar	agree to c y familiar	compl with i	ma acç	וכש

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00