## h22000354495

(Requestor's Name)								
(Address)								
(Address)								
(City(Chata (Zia IDhana 40)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
(2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								
Codification of Status								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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A. SUNTER MAR - 8 2023

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	ECT: CTX CONSULTING LLC							
Name of Limited Liability Company								
Dear	Sir or Madam:							
The e	nclosed Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.					
Please	e return all correspondence concerning	this matter to the	following:					
STEV	EN G JACKSON							
	Name of Person							
CTX	CONSULTING LLC							
	Firm/Company							
1245	SCARLET OAK LOOP		<u>.</u>					
	Address							
WIN	ΓER GARDEN, FL 34787	<u>-</u>						
	City/State and Zip Cod	e						
	E.JACKSON37@YAHOO.COM		<del></del> .					
	E-mail address: (to be used for future	annual report notif	ication)					
For fi	urther information concerning this mat	ter, please call:						
STEV	'EN G JACKSON	at ( <sup>214</sup>	) 405-4001					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ing amount:						
	■ \$25 Filing Fee	■ \$25 Filing Fee						

TO:

## 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.

. (a)	1245 SCARLET OAK LOOP		(b) 1245 SCARLET OAK LOOP			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	WINTER GARDEN, FL 34787  AUGUST 12, 2022		WINTER GARDEN, FL 34787			
			L22000354998			
	Date of filing/registration in Florida	4.		Document number	ег	
. (a)	STEVEN G JACKSON			_	r->	
	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			rg   2022 DEC	
	1245 SCARLET OAK LOOP				DE 75	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	<del></del>	
					<b>9</b> :	
				_		
	WINTER GARDEN , FL	<u>.34787</u>	1	-	1 1	
(b)	STEVEN G JACKSON			_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	<u>address</u> :			
	ALL C PENID ORD PLACE					
	8116 PENROSE PLACE			_		
	NEW Registered Office Address:			<b></b>		
	WILDWOOD FI	,34785				
	WILDWOOD ,, FI	,		_		
hange gent v 'as/ <b>w</b> e	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registes ability of the l limite	ered office an company, it is imited liabilit	d the business off s hereby confirme ty company or as on pany.	ice of the registered ed that the change(s)	
کے	ure of a member or authorized representative of a member	- -		Printed or typed nar	me of signee	
herei rovisi ie obl	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	nertor	mance of my .	acity. I further ag duties, and I am fa	gree to comply with the amiliar with and accen	