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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter	the	email	address	for	this	business	entity	to b	e u	sed -	for	futi	ıre
an	nual	report	t mailin	gs.	Enter	only one	email	addre	ess	plea	se.	**	-

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LLC REGISTERED AGENT CHANGE MIDWEST CONSULTING & SERVICES, LLC

Certificate of Status	0
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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	MIDWEST CONSULTING SE	ERVICES, LLC	
		Name of Limited	Liability Company
Dear Sir or	Madam:		
The enclos	ed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please retu	rn all correspondence concernin	g this matter to the	c following:
Alicia Rich	ards		
	Name of Person		
Registered .	Agent Solutions, Inc.		
	Firm/Company		
Corporate C	Center One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin, TX	78735		
	City/State and Zip Co	de	
E-ma	il address: (to be used for future	annual report noti	fication)
For further	information concerning this ma	tter, please call:	
Alicia Rich	ards	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ing amount:	
	\$25 Filing Fee	<u> </u>	555 Filing Fee & Certified Copy
INH\$18 (2/1	14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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. N	ame of the limited liability company: MIDWEST CON	SULTIN	G SERVIC	ES, LLC			
2. (a)	2030 ALTON COURT	(t	2030 AL	TON COU	RT		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 (-	·/	_	dress of limited lia	•	•
	ST. LOUIS, MO 63146		ST. LOU	IS, MO 631	146		
	4/29/2001	<u> </u>	M2100000	05162			
3.	Date of filing/registration in Florida	4.		Documer	nt number		
5. (a)	C T CORPORATION SYSTEM						
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	- le:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	-			
	PLANTATION , FL	33324		_	<u> </u>	F-3 (17 (27	
(b)	Registered Agent Solutions, Inc.			_	<u>[</u>		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		: . :	. 1	:
	2894 Remington Green Ln.				; ;	وب اور	. i
	NEW Registered Office Address:			<u></u>	17		フ
	Ste. A			_		73	
	Tallahassee , FL	32308		_			
change agent v was/we the arti	imited liability company is not organized under the law e 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 o icles of organization or the operating agreement of the John M. Killoren	registere bility co of the lim limited l	ed office an mpany, it i ited liabilit	d the busi s hereby c y compan npany,	ness office of to	he regist he chang	ered g e (s)
/s/ Signa	ture of a member or authorized representative of a member				typed name of sig	nee	
I here provisi the obl to mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been also change. Mackenzie Hibler, Asst, Secret	performa I for in C iereby co	in this cap ince of my Thapter 602 infirm that	acity I fu	orther garee to	comnly v	vith the d accept ng filed been

Signature of Registered Agent