

L15000002071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

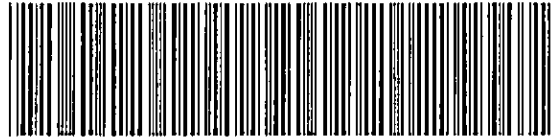
(Business Entity Name)

(Document Number)

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# AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560

March 11, 2020

Florida Secretary of State  
Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

**VIA HAND DELIVERY**

RE: **Lisa Miller & Associates, LLC**  
**Lisa Miller Consultants, LLC**

Dear Sir or Madam:

Enclosed for filing are a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for each of the above-referenced LLCs. Also enclosed is our firm's check for \$50.00.

Thank you for your assistance.

Sincerely,



Chris Vause  
Secretary to Robert A. Pierce

2020 MAR 12 11:00 AM

/cv

Enclosures

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**STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY  
Lisa Miller Consultants, LLC**

Pursuant to the provisions of Sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits this statement of change in order to change its registered office or registered agent, or both, in the State of Florida:

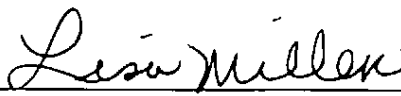
1. The name of the Limited Liability Company is Lisa Miller Consultants, LLC (the **Company**).
2. The principal office address of the Company is 335 North Monroe Street, Tallahassee, Florida 32301.
3. The mailing address of the Company is 335 North Monroe Street, Tallahassee, Florida 32301.
4. The Company was formed January 5, 2015, and was assigned Document Number L15000002071.
5. The name and address of the current Registered Agent and Registered Office on file with the Florida Department of State are as follows:

Ausley & McMullen, P.A.  
c/o Robert A. Pierce  
123 South Calhoun Street  
Tallahassee, Florida 32301

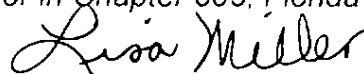
6. The name and address of the new Registered Agent and/or Registered Office are as follows:

Lisa Miller  
335 North Monroe Street  
Tallahassee, Florida 32301

7. Such change was authorized by an affirmative vote of the Members of the Company or as otherwise provided in the Company's Articles of Organization or its Operating Agreement.

  
\_\_\_\_\_  
Lisa Miller

*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 obligation of my position as Registered Agent as provided for in Chapter 605, Florida Statutes.*

  
\_\_\_\_\_  
Lisa Miller

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**

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