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## COVER LETTER

TO: Registration Section Division of Corporations

Carlin Rogers Consulting LLC SUBJECT:

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:

ć

Ms. Fran Carlin Rogers

Name of Person

Carlin Rogers Consulting LLC

Firm/Company

1505 Delancy Avenue

Address

Orlando, Florida 32806

City/State and Zip Code

fcr201@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fran Carlin Rogers	407 at (	422 0991
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 following amount:

🛢 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

Note: - reguest #2. - reguest to change. registered office address

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

C

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	me of the limited liability company: Carlin Rogers C	onsulting	LLC	
2. (a)	1505 Delancy Avenue		(b) same	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	Orlando Florida 32806			
	03/08/2000		L000000026	07
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Fran Carlin Rogers			
	Registered Agent and Registered Office shown on the records of 210 E. Gore Street	of the Flori	da Dept. of State	- #:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	-
	Orlando	1_32806		i i i i i i i i i i i i i i i i i i i
(b)	Enter name of <u>NEW Registered Agen</u> and/or <u>NEW Registered</u>	d Office :	address:	- : : · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			- C1
	1505 Delaney Avenue			-
	Orlando	L		

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.

Fran Carlin Rogers Dau an -Signature of a member or authorized representative of a member 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.

2020 Signature of Registered Agent

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