## L04000012526

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Gide Consulting LLC		
	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 concernin	g this matter to the following:	
Alina Silvers		
(Name of Person)		
NRAI Services, Inc		
(Firm/Company)		
0704 F		
2731 Executive Park Drive Suite	4	
(Address)		
Weston, Fl 33331		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	
Alina Silvers	at (954 ) 318-2787	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
<b>✓</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.	The name of the limited liability company is: Gide Consulting LLC		
2.	2. The mailing address of the limited liability company is: 1801 S Federal Hwy, Suite 300		
D	Delray Beach, FL 33483		
0:	03/24/2004 L04000022526		
3.	3. Date of filing/registration in Florida 4. Document number		
	5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State:	the	
	Michael G. Park, Esq.		
	Name		
1801 S Federal Hwy Ste 300			
	Address $2 \le 2$	í	
	Delray Beach, FL 33483  City, State and Zip	FILED 16	
	City, State and Zip	7 =	
6.	5. The name and address of the new registered agent and/or office:	山山	
	NDAI Services Inc	곺 ㅁ	
	NRAI Services, Inc. Name	12	
	2731 Executive Park Drive, Suite 4	5	
	Florida street address (P.O. Box NOT acceptable)		
	`		
	Weston FL 33331		
	City, State and Zip		
co an lia of	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 and the business office of the registered agent will be identical. Or, in the case of a Florida limit iability company, it is hereby confirmed that the change(s) was/were authorized by an affirmation of the members of the limited liability company or as otherwise provided in the articles of organized the operating agreement of the limited liability company.	office ed ve vote	
(Si	Signature of a member or authorized representative of a member)		
	Michael G. Park, Mart Member (Printed or typed name of signee)		
co an Cl ad N	I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address, Lhereby confirm that the limited liability company has been notified in writing of this confirm that the limited liability company has been notified in writing of this confirm that the limited liability company has been notified in writing of this confirmation of Registered Agent)	duties, for in office	

Karen Redman, Asst. Sec.

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

FILING FEE: \$25.00