LD500002174

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
(Crophotonol-Liph Notice 1.)		
— ———————————————————————————————————		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETATIV OF STATE

COVER LETTER

Division of Corporations		
SUBJECT:Flying Bridge	Consulting Services, LLC	
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Lisa Novatka		
Name of Person		
Edsel F. Matthews, Jr., P.A.		
308 S. Jefferson Street	·	
Address		

Pensacola, FL 32502		
City/State and Zip Code		
efm lisa@bellsouth.net E-mail address: (to be used for future annual report notif		
E-mail address: (to be used for future annual report notif	neation)	
For further information concerning this matter, please call:		
	11 (750) 232-6678	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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.

Name of the limited liability company:Flying	Bridge Consulting Services, LLC
2. (a) Principal office address of limited liability compan	y: 4422 Soundside Drive
(Note: MUST BE STREET ADDRESS)	Gulf Breeze, FL 32563
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3/04/2005	L05000022174
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Denise E. Elwood
Registered Office Address:	4422 Soundside Drive Gulf Breeze, FL 32563
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
<u>NEW</u> Registered Agent:	Edsel F. Matthews, Jr.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	308 S. Jefferson Street
	Pensacola ,FL32502
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Denise E. Elwood Printed or typed name of signee	tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability/companional signature of Registered Agent	

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