

L05000041329

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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J. BRAMAN DEC 23 2005

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RLS Consulting, LLC  
(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:

Ronald L. Scheiderer  
(Name of Person)

RLS Consulting, LLC  
(Firm/Company)

28618 Mulberry Ct  
(Address)

Magnolia, Texas 77355  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Ronald L. Scheiderer at (281) 259-7375  
(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

**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: RLS Consulting, LLC
2. The mailing address of the limited liability company is : 28618 Mulberry Court, Magnolia Tx 77355

April 26, 2005

L05000041329

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 the Florida Department of State:

Agents and Corporations, Inc

Name

Suite E, 773 4th Avenue North

Address

Naples, FL 34102

City, State and Zip

6. The name and address of the new registered agent and/or office:

Marilyn Rhodes

Name

1646 S.E. Ballantrae Blvd. North

Florida street address (P.O. Box NOT acceptable)

Port Saint Lucie, FL 34952

City, State and Zip

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.

Ronald L. Scheiderer  
(Signature of a member or authorized representative of a member)

Ronald L. Scheiderer

(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 608, 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.*

Marilyn Rhodes  
(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

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