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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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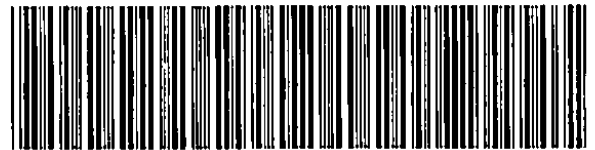
(Business Entity Name)

(Document Number)

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JUL 03 2019

Jeffrey D. Lemke, CPA, CLAS, MBA, JD.
Business & Tax Consultant
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Hilton Head Island, SC 29928
Jlemke3030@aol.com



843-422-9160

866-521-3666 (fax)

215
JUNE 13, 2019

**DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

RE: FREEDOM BUSINESS CONSULTANTS, LLC: REGISTERED AGENT CHANGE OF ADDRESS DOCUMENTS

Dear Sir or Madam:

Hope this letter finds you in great health and spirits!

Enclosed are the following documents:

1. Cover letter;
2. Statement of Change of Registered Agent Address;
3. Check payable to DIVISION OF CORPORATIONS for \$25.00; and,
4. New address for the LLC members. It is being filed via e-mail, however, I have enclosed a copy of the documents as well.

Please call if we need to do anything further.

Have a wonderful day!

Best regards,


Jeffrey D. Lemke, CPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREEDOM BUSINESS CONSULTANTS, 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:

JOSE A. BARREIROS

Name of Person

Firm/Company

6526 OLD BRICK RD 120-511

Address

WINDERMERE, FL 34786

City/State and Zip Code

BARREIROS@JBARRCAPITAL.COM

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

For further information concerning this matter, please call:

JOSE A. BARREIROS

Name of Person

at (954) 683-9018

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 I
LIMITED LIABILITY COMPANY

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. Name of the limited liability company: FREEDOM BUSINESS CONSULTANTS, LLC

2. (a) FREEDOM BUSINESS CONSULTANTS LLC (b) FREEDOM BUSINESS CONSULTANTS

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8254 TIBET BUTLER DR
WINDERMERE, FL 34786

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8254 TIBET BUTLER DR
WINDERMERE, FL 34786

3. 04/26/2006
Date of filing/registration in Florida

4. L06000043675
Document number

5. (a) JOSE A. BARREIROS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8254 TIBET BUTLER DR
WINDERMERE, FL 34786

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

6526 OLD BRICK RD 120-511
WINDERMERE, FL 34786

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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.

X [Signature]
Signature of a member or authorized representative of a member

JOSE A BARREIROS
Printed or typed name of signer

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.

X [Signature]
Signature of Registered Agent

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