## 00000065513

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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CHANGE OF CORPORATIONS

DIVISION OF CORPORATIONS

OF MAY 29 PM 2: 53

## **COVER LETTER**

Division of Corporations		
SUBJECT: Consortium Holdings (Name of Limited	& Investments, LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Mr. Jorge A. Malavet	OT INVISE	
Consortium Holdings & In	vestments, LLC 29 P	
P.O. Box 4190 (Address)	PH 2: 53	
Pensacola, FL 3250' (City/State and Zip Code)	7	
For further information concerning this matter, pleas	se call:	
Jorge A. Malavet at (8 (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 amou	ınt:	
\$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 lia	ibility company is: <u>Cons</u>	portium Holdings & In-	vestments, LLC
2. The mailing address of the	limited liability company	is: P. O. BOX 4	190
Pensacola,	FL 32507	)	
6/28/2004	o	L060000	165513
3. Date of filing/registration i		4. Document number	
Florida Department of State	2:	ffice address as shown on the r	ecords of the
. <u>C.</u> 12 <u>T.</u>	orporation Serv Name -OI Hays S- Addres allahassee, F City, State a	ice Company treet s L 32301	OT MAY
6. The name and address of th	e new registered agent and	d/or office:	29
_6	orge A. Mala Name OP N. Old Cor orida street address (P.O.) Pensacola, FL City, State and	32507 1 Zip	OT HAY 29 PH 2: 53
confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of	e or changes are made, the registered agent will be id confirmed that the change I liability company or as o the limited liability company.	he laws of the State of Florida, at Florida street address of the rentical. Or, in the case of a Florida street authorized by an therwise provided in the article any.	egistered office orida limited affirmative vote
(Printed or typed name of signee)	(4 laves)	<u> </u>	
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this a address, I hereby confirm that (Signature of Registered Agent)	ent as registered agent an all statutes relative to the cept the obligations of my document is being filed to t the limited liability comp	d agree to act in this capacity. proper and complete performa position as registered agent as merely reflect a change in the any has been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.
<b>◯ Dj</b> ∕vision of	Corporations, P.O. Box	6327, Tallahassee, FL 32314	ļ.

**FILING FEE: \$25.00**