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SECRETARY OF STATE

K.SALY EXAMINER MAR 12 2014

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
oun mem	LA CESTA CONSULTANTS, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the fol	lowing:			
David Lea	Icock, PA					
	Name of Person	··				
La Cesta	Consultants, LLC					
	Firm/Company		-			
1200 Tow	n Center Drive #310					
	Address		-			
Jupiter, Fl	L 33458					
	City/State and Zip Code		-			
Leacockia	aw@gmail.com					
E-mail	address: (to be used for future annu-	al report notifica	ation)			
For further i	information concerning this matter, p	lease call:				
David Lea	acock, PA	561	310-7440			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fron Building I Executive Center Circle lahassee, Florida 32301	Regi Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
1	\$25 Filing Fee	☑ \$55	Filing Fee & Certified Copy			
INHS18 (2/1	4)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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. Na	me of the limited liability company: La Cesta Cons	ultants	, LLC	
2. (a)	10157 SW 200th Street	(b)	10157	SW 200th Street
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cutler Ridge, FL 33157	-	Cutler F	Ridge, FL 33157
	April 30, 2013	- \ 	_060000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Renée Llanusa-Cestero			70 P -17
. (,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Sta	te:
	La Cesta Consultants, LLC			題言に
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)		SERVE OF THE
	10157 SW 200th Street			79 £
	Cutler Ridge , FL 3	33157		Document number THE THE SECRETARY OF STATE OR OF STAT
(b)	David Leacock, PA			
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	_
	1200 Town Center Drive			
	NEW Registered Office Address:			_
	#310			_
	Jupiter , FL 3	33458		_
the cha agent v was/was/wathe art	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regis pility co the limi	tered office mpany, it ted liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ture of a member or authorized representative of a member	Ren	ée Llan	usa-Cestero
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	e to act performa for in C preby co	in this ca ince of my hapter 60 nfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Kenie / James Cotton 3/1/14			

Signature of Registered Agent