## L07000716290

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SEVENTAL SECTIONS
TALLARIAS SEE FLORIDA

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Deafting Consultant Services, 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:

Elvis Vazavez
(Name of Person)

Dafting Consultant Services

20721 SW 122 Ct

Han F 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

EUS Vozquez at (786) 443-8238

(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. Name of the limited liability company:

\[
\text{\text{Doctor} fine address of limited liability company:} \text{\text{\text{2072} SW \text{\text{22} Cf}} \\
\text{(Note: MUST BE STREET ADDRESS)} \\
\text{\text{REOM:} \text{\text{\text{608.508}}} \\
\text{\text{REOM:} \text{\text{608.508}}} \\
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(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

20721 5W 122 C+

Want fl 33177

3. Date of filing/registration in Florida

LO700076290

4. Document number

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

Registered Agent:

Registered Office Address:

20721 SW 122 Ct

Plant F1 33177

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

LIVIS VQ2QUEZ

10005 5W 190 Street

5016 3209

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.

(Signature of a member or authorized representative of a member)

EVIS VOZQUEZ

(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 statules 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.

(Signature of Registered Agent)

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