10700094129

(Req	uestor's Name)	
(Address)		
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500136099095

09/19/08--01032--001 **25.00

SEGRETARY OF STATE

T. CLIN

SEP 2 2 2713

EXAM.

COVER LETTER

Division of Corporations		
SUBJECT: Fitzgerald Consulting L	.LC	
	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	g this matter to the following:	
Karin Fitzgerald		
(Name of Person)		
(Firm/Company)		
4111 Balington Drive		
(Address)		<u>1</u>
Valrico, FL \$3594 33596 MOT		
(City/State and Zip Code)		
For further information concerning this ma	tter, please call:	AH IO: OI
Karin Fitzgerald	at (<u>813</u>) <u>286-3892</u>	
(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 follow	ing 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.

in the state of 1 tortua.	
1. Name of the limited liability company: Fitzgerald	Consulting LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 4111 Balington Drive Valrico, FL 33594 33596 KGF
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4111 Balington Drive Valrico, FL 33594 33594
9/14/07	I:0700094129
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY
Registered Agent:	
Registered Office Address:	4111 Balington Drive Valrico, FL 33594 33596 KD
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Karin Fitzgerald
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4111 Balington Drive
	Valrico,FL_33594-33596 #69
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signes)	cet address of the registered office and the business case of a Florida limited liability company, it is
I have by good the appointment as resistand assut and	garage to get in this agreeity. I further gares to

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. Oh, 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.

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

(Signature of Registered Agent)