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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations			
	Rhoads Consulting LLC f Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for file	ing.	
Please return all correspondence concernit	ng this matter to the following:		
Mike Rhoads			
Name of Person			
Mike Rhoads Consulting L	<u>LC</u>		
703 Solana Drive Suite 3	07		
Cape Canaveral FL 3292 City/State and Zip Code	20		
E-mail address: (to be used for future annual report	90L.COM rt notification)		
For further information concerning this ma	atter, please call:	.4	
	(904) 386-7159	- CE//	
Mike Rhoads	at (321) 784-5022		
Name of Person	Area Code & Daytime Telephone Number	er	
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	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for the follow	ving 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.

3	
1. Name of the limited liability company: MIKE Z	HOADS CONSULTING LLC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	703 SOLANA SHORES TR., SUITE #30
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	703 SOLANA SHORES DZ. STE#307 CAPE CANAVERAL, FL 32920
9-18-2007	107000095285
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	United States Corporation Agents Inc
Registered Office Address:	13302 Winding Oaks Blvd Ste A100 Tampa FL 33612-3425 → S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address
NEW Registered Agent:	Mike Rhoads
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	703 Solana Drive Suite 307 Cape Canaveral FL 32920
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
/ Mike Rhoads	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608 LS. Or, if this document is being filed to me address, I hereby propose that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by 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

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