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SECRETARY OF STATE
DIVISION OF CORPORATION

OR INN -5 AM 8: 1

J. BRYAN

JAN - 6 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Biz Ops Consulting, LLC (Name of Lim	nited Liability Company)		Ð
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
David E. Winner (Name of Person)			
(Name of Person)			
Biz Ops Consulting, LLC		60	OIVE SE
(Firm/Company)		NAL 60	
		-5	유닭
7550 Mission Hills Drive, Suite 306-123	·	=	Sec
(Address)		တ္တ	SKS SKS
<u>E. 1011, 2014</u>		8:	F CORPORATIONS
Naples, FL 34119 (City/State and Zip Code)			ທ
(0.0,0.000 0.00 0.1,0.000,0.000)			
For further information concerning this matter, ple	ease call:		
David E. Winner at (239) 261-9393		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		
	Le poor ining . ee de continue copy		

INHS18 (5/08)

* 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: Biz Ops Co	nsulting, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	Suite 306-123
(b) Mailing address of limited liability company:	Naples, FL 34119
(Note: MAY BE POST OFFICE BOX)	7550 Mission Hills Drive Suite 306-123 Naples, FL 34119
	09 7
September 27, 2007 3. Date of filing/registration in Florida	4. Document number
<u> </u>	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	David E. Winner
Registered Office Address:	12693 Tamiami Trail East Suite 212 Naples, FL 34113
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	David E. Winner 7550 Mission Hills Drive Suite 306-123 Naples PL 34119
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member)	et address of the registered office and the business
David E. Winner (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 plan familiar with and accept the obligations of my position F.S. Oy, if this document is being filed to merely reflect a confirm that the finited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608

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