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(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Breeze Consultants, LLC	
· · · · · · · · · · · · · · · · · · ·	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Therese M. Hoard	
(Name of Person)	
Wyoming Corporate Services, Inc. (Firm/Company)	
(rim/Company)	
2710 Thomes Ave.	
(Address)	
Cheyenne, WY 82001	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Therese M. Hoard	at (303) 632-3333
(Name of Person)	(Area Code & Daytime Telephone Number)
, ,	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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	g 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.

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