## L08000038868

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## COVER LETTER"

TO: **Registration Section Division of Corporations** SUBJECT: McBroom Consulting, 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: Victoria M. Prescott Name of Person McBroom Consulting, LLC Firm/Company 2248 Kingfisher Lane Clearwater, FL 33762 City/State and Zip Code Victoria@McBroomConsulting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Viki Prescott 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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. Na	me of the limited liability company: McBroom Consulting, LL	c			
2. (a)	Principal office address of limited liability company.	2248 Kingfisher Lane	TA CO		
(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:		Clearwater, FL 33762			
			<u> </u>	00	
	26.00		ASS	7 2	
		2248 Kingfisher Lane Clearwater, FL 33762	<u> </u>	<u>نٽ</u>	
	(Note: MAY BE POST OFFICE BOX)	Clearwater, PL 33702	711	*	<u> </u>
			- FOR 3		
4-17-200	8	L08000038868	용금	==	
3. Dat	te of filing/registration in Florida	4. Document number		Ö	
5. (a)	Registered Agent and Registered Office shown on the	he records of the Florida	ı Dept. c	f Sta	te:
	Registered Agent:	Victoria M. Prescott			
	Registered Office Address:	2036 Michigan Ave. N.E.			
	Registered Office Address.	Saint Petersburg, FL 33703			
		•			
	NEW Registered Agent:  NEW Registered Office Address:	2248 Kingfisher Lane			
	(MUST BE FLORIDA STREET ADDRESS)				
		Clearwater	,F	₹ <u>L</u> 337	62
confirmand the liability the mean the op-	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of th cal. Or, in the case of a was/were authorized by	e registe Florida an affiri	ered o limite mativ	office ed e vote of
Victoria N	1. Prescott, member	_			
Printed	or typed name of signee	-			
I here comply and I a Chapte address	by accept the appointment as registered agent and as y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	gree to act in this capaci per and complete perfoi ition as registered agen rely reflect a change in t has been notified in wr	ity. I fur rmance of as pro- he regis iting of t	ther of my vided tered his c	agree to duties, for in office hänge.
Signatu Signatu	toua M. Plescots re of Registered Agent				

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