

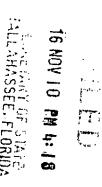
(Req	uestor's Name)	····
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	ł
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



100291935121

11/10/16--01010--013 **55.00



1227.22

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DLO CONSULTINAME OF L	tants LLC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Deborah O'Grade Name of Person	}	
DLO Consultants, Firm/Company	LLC	
1173 Merry mount.	Dr	
Conway SC 2952 (Ocity/State and Zip Code	<u>,</u>	
E-mail address (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
Deborah O'Grady at (Name of Person	703) 216-2893 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 following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

r tortau.	
1. Nar	ne of the limited liability company: DLO Consultants LLC
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Oviedo, FL 32765 Conway, SC 29526
	06/30/2008 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Deborah O'Grady'
J	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
•	443 W. Palm Valley Dr.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u>Oviedo</u> , FL 32765
(b)	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Birgitta Jorgenson
	NEW Registered Office Address:
	1217 Moses Creek Ct. 35 5
•	Oviedo ,FL 32765
If the lir	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the chan	ge or changes are made, the Florida street address of the registered office and the business office of the registered
agent wi	ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) a cathorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	les of organization or the operating agreement of the limited liability company.
7	Sold Of Coredi
Signatu	re of a member or authorized expresentative of a member Printed or typed name of signee
provisio the oblig to merel notified	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signature	of Registered Agent

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