L080000064767

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Continued Fath, March)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 1ST CALL CONSULTA	NTS 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:					
Janice Null					
(Name of Person)					
Incorp Services, Inc.					
(Firm/Company)					
375 N. Stephanie St., Suite 1411					
(Address)					
Henderson, NV 89014-8909					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Janice Null	at (702 866-2500 ext. 2027				
(Name of Person)	(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 follow					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified 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.	Nar	ne of the limited liability company: 1ST CALL CO	DNSULTANTS LLC	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO BOX 810032 BOCA RATON FL 33481	
(7/02	2/2008	L08000064767	
3.	Dat	e of filing/registration in Florida 4	. Document number	
5.	(a)	Registered Agent and Registered Office shown on th	e records of the Florida Dept. of State:	Oi
		Registered Agent:	SARNOWSKI, JASON	NON 80
		Registered Office Address:	15 ROYAL PALM WAY #308	0V -3
		-	BOCA RATON FL 33432 US	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	الخرات	AH III
		NEW Registered Agent:	Incorp Services, Inc.	80
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North	
			Loxahatchee ,FL 33470	
th of he lia	at af fice reby abilit mite	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company. When the change is not organized under the later than the change is not confirmed that the change is n	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limite	d
		or typed name of signee)		
I co	here mpl n fai S. (mfir	by accept the appointment as registered agent and ag y with the provisions of all statutes relative to the pro- miliar with and accept the obligations of my position of Dr, if this document is being filed to merely reflect a c m that the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and is is registered agent as provided for in Chapter 60 hange in the registered office address, I hereby in writing of this change.	I 8,
		unice sull on behalf of ure of Registered Agents	Incorp Services, Inc.	
し	/	Division of Corporations, P.O. Box (6327. Tallahassee, FL 32314	

FILING FEE: \$25.00