

L 08000085393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

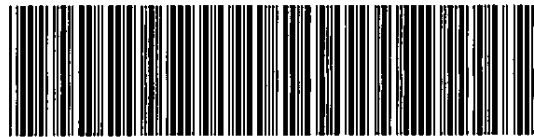
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APR 29 2010

EXAMINER



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04/28/10--01028--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 28 PM 3:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GINTNER 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:

 DALE GINTNER

Name of Person

 GINTNER CONSULTING LLC

Firm/Company

 2075 POLO GARDENS DR. APT 303

Address

 WELLINGTON, FL 33414

City/State and Zip Code

 dale.gintner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Dale Gintner

Name of Person

at (321)

 766-4650

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

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: GINTNER CONSULTING LLC

2. (a) Principal office address of limited liability company: 2075 POLO GARDENS DR

☐ (Note: **MUST BE STREET ADDRESS**) APT303
WELLINGTON, FL 33414

(b) Mailing address of limited liability company: 2075 POLO GARDENS DR

☐ (Note: **MAY BE POST OFFICE BOX**) APT303
WELLINGTON, FL 33414

3. Date of filing/registration in Florida _____

4. Document number _____

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DALE GINTNER

Registered Office Address: 1300 CORPORATE CENTER WAY
SUITE 201-11
WELLINGTON, FL 33414

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 2075 POLO GARDENS DR
(MUST BE FLORIDA STREET ADDRESS) APT 303
WELLINGTON, FL 33414

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dale Gintner
Signature of a member or authorized representative of a member

Dale Gintner

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dale Gintner
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 28 PM 3:09