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2020 APR 23 AM 8:53  
DIVISION OF CORPORATIONS

QVA  
5/5/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CWB & Company 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:

Cathy Wooley-Brown  
Name of Person

CWB & Company Consulting, LLC  
Firm/Company

4504 Hickory Creek Lane  
Address

Brandon Florida 33511  
City/State and Zip Code

cathy.wooleybrown@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Wooley-Brown at (813) 205-0972  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF REGISTERED AGENT OR REGISTERED OFFICE OF A  
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.

1. Name of the limited liability company: CWB & Company Consulting, LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

4504 Hickory Creek Lane  
Brandon, Fla. 33511

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

4504 Hickory Creek Lane  
Brandon, Fl. 33511

3. 09/16/2008  
Date of filing/registration in Florida

4. L08000087881  
Document number

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

100 S. Ashley Drive  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 400  
Tampa, Fla. 33602 Florida

(b) Marty J. Solomon  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

28100 U.S. Hwy. 19 North  
NEW Registered Office Address:  
Suite 104  
Clearwater, FL 33761

STATE DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

[Signature]  
Signature of a member or authorized representative of a member

Cathy Wooley-Brown  
Printed or typed name of signee

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 605, 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.

[Signature]  
Signature of Registered Agent