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| PICK-UP                 | ☐ WAIT            | MAIL          |
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| · , (Do                 | ocument Number    | )             |
| Certified Copies        | Certificate       | es of Status  |
| Special Instructions to | Filing Officer:   |               |
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

D. BRUCE

OCT 5 2009

**EXAMINER** 

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: TEAM Consu Hing 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:   |
| Firm/Company  Edward A. Crapo  Name of Person  TEAN Consulting, LLC  Firm/Company   |
| Address  Micanopy FC 32667  City/State and Zip Code  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Ed Crapo at (352) 234 · 0876  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 following amount:   |
| \$25 Filing Fee \$25 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: TEAM  | considire 110  |
|---|--|
| 1. Name of the limited liability company:   |  |
| 2. (a) Principal office address of limited liability company  | 11722 SE 59 Street   |
| (Note: MUST BE STREET ADDRESS)  | Micampy FC 37667   |
| (b) Mailing address of limited liability company:   | 17722 SG 59 St   |
| (Note: MAY BE POST OFFICE BOX)  | Micanopy, FL 32667   |
| 9/17/2008  3. Date of filing/registration in Florida  | <u> </u>   |
| 5. (a) Registered Agent and Registered Office shown on  |  |
|   |  |
| Registered Agent:   | George Andrew Donatello  |
| Registered Office Address:  | 932 Pritchard Island R<br>Inverness, FC 34450  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  | Edward A. Crops  17722 SE 59 St  |
| NEW Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)  | WICAMPY FL 32667   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s)   | laws of the State of Florida, it is hereby lorida street address of the registere office ical. Or in the case of a Florida limited       |
| of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filled to me address, I hereby confirm that the limited liability company | was/were authorized by an Affirmative votes wise provided in the articles of organization wise provided in the articles of STATE FLORIDA |

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