

L0800005496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

Certificates of Status

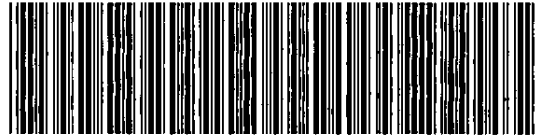
Special Instructions to Filing Officer:

A. LUNT

JUL 22 2009

EXAMINER

Office Use Only



100158538061

07/20/09--01005--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 20 PM 12:10

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAMEL KAMELEON 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:

ANTHONY WONG
Name of Person

KAMELEON CONSULTING LLC
Firm/Company

2531 NE 5TH ST
Address

POMPANO BEACH FL 33062
City/State and Zip Code

anthony@kameleonconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A WONG at (904) 607-7077
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

☐ \$55 Filing Fee & Certified Copy

2009 JUL 20 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: NAME KHAMELEON CONSULTING LLC

2. (a) Principal office address of limited liability company: 2531 NE 15TH ST



(Note: **MUST BE STREET ADDRESS**)

POMPANO BEACH FL 33062

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

2531 NE 15TH ST

POMPANO BEACH FL 33062

3. Date of filing/registration in Florida 11/12/08

4. Document number L08000105496

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

Registered Agent:

ANTHONY WONG

Registered Office Address:

2531 NE 15TH ST

POMPANO BEACH FL 33062

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 20 PM 12:10

FILED

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

NEW Registered Agent:

Joseph Chiotalo

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2986 Cantry Club Blvd

Deerfield Beach FL 33442

FL

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.

Signature of a member or authorized representative of a member

ANTHONY WONG

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.

Signature of Registered Agent

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

FILING FEE: \$25.00