L09000009703

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JIO MAR 22 PM '8: 4

C. LEWIS

MAR 2 3 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT:	SUBJECT: CHANGE OF REGISTERED AGENT				
•	Name of L	imited Lia	abili	ty Company	
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered O	office Char	nge	and fee(s) are submitted for filing.	
Please return all corres	spondence concerning	this matte	r to	the following:	
D	EBRA L RUDD				
	Name of Person			_	
	CONSULTING LLC			•	
	Firm/Company				
11721	MARSH ELDER DR				
	Addiess				
JACKS	ONVILLE, FL 32226	3			
City	/State and Zip Code				
gtaser E-mail address: (to be u	vices@comcast.net	otification)		<u>.</u>	
For further information	n concerning this matt	er, please	call:	•	
NANCY C	MCCANN	at (9	04	383-2026	
Name of	Person			Area Code & Daytime Telephone Number	
STREET/COU	RIER ADDRESS:		MA	ILING ADDRESS:	
Registration Sec			Reg	sistration Section	
Division of Corp	oorations			ision of Corporations	
Clifton Building				. Box 6327	
2661 Executive Tallahassee, Flo			Tail	ahassee, Florida 32314	
Enclosed is a	check for the followin	ng amoun	t:		
\$25 Filing F	?ee	·] \$5	5 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:	RUDD CONSULTING LLC			
2. (a) Principal office address of limited liability compar	y: RUDD CONSULTING LLC			
(Note: MUST BE STREET ADDRESS)	11721 MARSH ELDER DR JACKSONVILLE, FL 32226			
(b) Mailing address of limited liability company:	RUDD CONSULTING LLE			
(Note: MAY BE POST OFFICE BOX)	11721 MARSH ELDER DR 20 1			
1/29/2009	L09000009703 55 99			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:			
Registered Agent:	UNITED STATES CORPORATION AGE			
Registered Office Address:	13302 WINDING OAKS BLVD			
	A-100 TAMPA, FL 33612			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	CW Registered Office address: GEORGE E RUDD			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11721 MARSH ELDER DR JACKSONVILLE ,FL 32226			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office			
DEBRA L RUDD				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my pechapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.			
Signature of Registered Agent	LEG TO			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 55 2				