## L09000013193

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	,	

Office Use Only



700219355917

01/26/12--01027--003 \*\*55.00

SECRETARY OF STATE

C. LEWIS

JAN 2 7 2012

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HIGH FLIGHT CONSULTING, LLC Name of Limited Liability Company			
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:			
•			
GENRIE MATTER			
GEORGE MAZZEO  Name of Person			
HIGH FLIGHT CONSULTING, LLC Firm/Company			
rimi/Company			
3523 NW 18Th PC Address			
Address			
Gainesville FL 32605 City/State and Zip Code			
9 mazzeo @earthlink. net			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
GEORGE Mazzeo at (352) 375-6984			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times\$ \$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: <u>H16H F</u>	FUBHT CONSULTING, LLC		
2. (a) Principal office address of limited liability compan	y: 3523 NW 18TH PC		
(Note: MUST BE STREET ADDRESS)	Gainesuille FL 32605		
(b) Mailing address of limited liability company:	JG 2528 NO 1840 PC		
(Note: MAY BE POST OFFICE BOX)	Gainesville FC 32605		
OZ 09 / Z009  3. Date of filing/registration in Florida	L09000013193  4. Document number		
5. (a) Registered Agent and Registered Office shown on	Corporation SERVICE Compani		
Registered Agent:	COPPORATION SERVICE COMPANIC		
Registered Office Address:	1201 HAYS ST TALAHASSEE PL 32301		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	GEORGE MAZZED		
NEW Registered Office Address:	3523 NW 18TH PL		
(MUST BE FLORIDA STREET ADDRESS)	Gamesulle ,FL 32605		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fand the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s 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 procesentative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and a	Ilorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.		
comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugated by the confirmation of the limited liability company of the limited liability of the liability of the limited liability of the li	oper and complete performance of the ditties, sition as registered agent as provided for in erely reflect a change in the reflect office y has been notified in writing of this change.		
Division of Corporations P.O. Pay 6227 Tallahassas FI 22214 The			
FILING FEE: \$	- T		