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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Tagye Consulting Services, 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	ig this matter to the following:			
Christina Tagye (Name of Person)				
Tagye Consulting Services, LLC (Firm/Company)				
(: 33 _p , ,	:			
6610 Bamboo Ave.				
(Address)				
Coops El 22027				
Cocoa, FL 32927 (City/State and Zip Code)				
For further information concerning this ma	atter, please call:			
Christina Tagye	at (321) 917-1836			
(Name of Person)	at (321) 917-1836 (Area Code & Daytime Telephone Number)			
,	` <u> </u>			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the follow	ving amount:			
✓ \$25 Filing Fee	\$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 o	of the limited liability company: Tagye Co	nsulting Services, LLC		_ •
	(a) Principal office address of limited liability company: 6610 Bamboo Ave. (Note: MUST BE STREET ADDRESS) Cocoa, FL 32927			_ 0
(b) Ma <u>(∆</u>	niling address of limited liability company: Note: MAY BE POST OFFICE BOX)	6610 Bamboo Ave. Cocoa, FL 32927		- 0 - 0
February 2		L09000019514		_
3. Date of	f filing/registration in Florida	4. Document number		
5. (a) Re	egistered Agent and Registered Office shown of	on the records of the Florida Dept. of	State:	
Re	gistered Agent:	Incorp Services, Inc.		_
Registered Office Address:	gistered Office Address:	17888 67th Court North Loxahatchee, FL 33470		
(b) En	ter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	09 APR	SECIVE SECIVE
<u>NE</u>	EW Registered Agent:	Christina Tagye	2	_ <u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		6610 Bamboo Ave		
		Cocoa,FI	_ <u>32927 ··</u>	- 21
that after to office of the hereby conliability collimited lia	ted liability company is not organized under the change or changes are made, the Florida state registered agent will be identical. Or, in the infirmed that the change(s) was/were authorized ompany or as otherwise provided in the article bility company.	reet address of the registered office a e case of a Florida limited liability co	and the busing the second contract the second	ness s
` •	/ped name of signee)			
I hereby of comply with am familia F.S. Or, it confirm the	accept the appointment as registered agent and the provisions of all statutes relative to the ar with and accept the obligations of my positions that the limited liability company has been notiful.	d agree to act in this capacity. I furt proper and complete performance of on as registered agent as provided fo a change in the registered office add fied in writing of this change.	her agree to my duties, or in Chapte tress, I here	and I er 608, eby
(Signature of	Registered Agent)			

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