

69000047289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

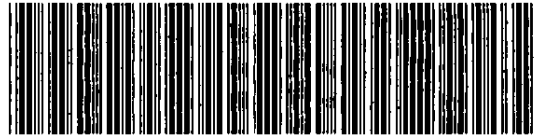
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700171971647

03/25/10--01035--006 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR - 2 PM 4:05

T. HAMPTON  
APR - 5 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Igniting Hope 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:

Todd G. Weber

Name of Person

Igniting Hope Consulting, LLC

Firm/Company

11561 Anhinga Drive

Address

Wellington, FL 33414

City/State and Zip Code

ignitinghopeclt@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Weber

Name of Person

at ( 561 )

714-7971

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 APR -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2010

TODD G WEBER  
11561 ANHINGA DR  
WELLINGTON, FL 33414

SUBJECT: IGNITING HOPE CONSULTING, LLC  
Ref. Number: L09000047289

We have received your document for IGNITING HOPE CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 410A00007526

**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: Igniting Hope Consulting, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ (Note: **MUST BE STREET ADDRESS**)

11561 Anhinga Drive  
Wellington, FL 33414

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ (Note: **MAY BE POST OFFICE BOX**)

11561 Anhinga Drive  
Wellington, FL 33414

May 14, 2009  
3. Date of filing/registration in Florida

L09000047289  
4. Document number

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

Registered Agent: Todd G. Weber

Registered Office Address: 12631 Shoreside Lane  
Wellington, FL 33414

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

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: 11561 Anhinga Drive  
**(MUST BE FLORIDA STREET ADDRESS)** Wellington, FL 33414

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.

Todd G. Weber  
Signature of a member or authorized representative of a member

Todd G. Weber  
Printed or typed name of signee

*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.*

Todd G. Weber  
Signature of Registered Agent

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