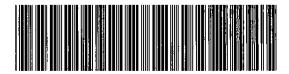
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**EXAMINER** 

## COVER LETTER

	egistration Section vivision of Corporations		
SUBJEC		nagement Consultants LLC	
	Name of Lin	med Liability Company	
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Offi	ice Change and fee(s) are submitted	for filing.
Please ret	turn all correspondence concerning thi	is matter to the following:	
	Scott A. Elk, Esq. Name of Person		
	Name of Person		
	Scott A. Elk, P.A. Firm/Company	·	
<del>750</del>	Park of Commerce Boulevard, Sur Address	ite 400	FAL SE
	Boca Raton, FL 33487		HI JUL 2
	City/State and Zip Code	Angele and	ASSECT PH
E-mail address: (to be used for future annual report notification)			
For furthe	er information concerning this matter,	please call:	DE 9 A
	Scott A. Elk a' Name of Person	t ( <u>561</u> ) <u>886-480</u> Area Code & Daytime Telephon	
Re Di Cl 26	egistration Section ivision of Corporations ifton Building i61 Executive Center Circle illahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Eı	nclosed is a check for the following a	amount:	
V	\$25 Filing Fee	\$55 Filing Fee & Certified	Сору

## 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:Invento	ry Management Consultants LLC			
2. (a) Principal office address of limited liability compan	y: 2667 North Ocean Boulevard			
(Note: MUST BE STREET ADDRESS)	Suite 503			
	Boca Raton, FL 33431			
(b) Mailing address of limited liability company:	2667 North Ocean Boulevard			
(Note: MAY BE POST OFFICE BOX)	Suite 503 Boca Raton, FL 33431			
06/11/2009	L09000056783			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Scott A. Elk			
Registered Office Address:	806 N.E. 33rd Street			
	Boca Raton, FL 33431			
<ul> <li>(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:</li> <li><u>NEW</u> Registered Office Address:</li> </ul>	W Registered Office address:  Scott A. Elk  750 Park of Commerce Boulevard			
(MUST BE FLORIDA STREET ADDRESS)	Suite 400 Boca Raton ,FL33487			
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 hiability company.  Signature of a member or authorized representative of a member  Thereby 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				