## L10000 25983

| (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: |  |  |
|   |  |  |
| ·                                       |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |





800223746588

03/05/12--01016--004 \*\*25.00

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |               |
|--|---|---------------|
| SUBJECT: Supper Con  | Limited Liability Company   |               |
| Dear Sir or Madam:   |   |               |
| The enclosed Registered Agent/Registered   | Office Change and fee(s) are submitted fo   | r filing.     |
| Please return all correspondence concerning  | this matter to the following:   |               |
| Michael Corc. Name of Person  Sunbelt Consulti   | •   |               |
| Firm/Company   |   |               |
| Deerfield Beach, City/State and Zip Code   |   | 2312MAR -5 FK |
| E-mail address: (to be used for future annual report   | MOIL-COM  | 2 2           |
| For further information concerning this matt   | ter, please call:   |               |
| Name of Person   | 1 at (973) 632-1810   |               |
|  | Area Code & Daytime Telephone N   | umber         |
| 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  | ng amount:  |               |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Co  | эру           |

INHS18 (5/08)

## 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: 50 p be  | et Consulting, LLC  |
|--|---|
| 2. (a) Principal office address of limited liability compan  | v: 1523 E. Hillshon Blvd. \$638   |
| (Note: MUST BE STREET ADDRESS)   | Deerfield Beach, FL 33441   |
| (b) Mailing address of limited liability company:  | SAME  |
| (Note: MAY BE POST OFFICE BOX)   |   |
| 03/08/2010   | L10000025983  |
| 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:  | CORPORATION SERVICE Compar  |
| Registered Office Address:   | 1201 HAYS STREET<br>TALLAHASSEE FL 32301 US   |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:   | Michael Corcoran  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | Deerfierd Beach  Jearfierd Beach  JEL 33441   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be idenliability 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 | Florida street address of the registered office tical. Or, in the case of a Florida limited was were authorized by an affirmative vote  |
| Michelythen  |   |
| Signature of a member of authorized representative of a member  Michael T. Conconan  | RATE STATE OF THE |
| Printed or typed name of signee  | _   |
| I hereby accept the appointment as registered agent and a<br>comply with the provisions of all statutes relative to the pr<br>and I am familiar with and accept the obligations of my po<br>Chapter 608, F.S. Or, if this document is being filed to me<br>address. I hereby confirm that the limited liability compan   | igree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.  |

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

Signature of Registered Agent