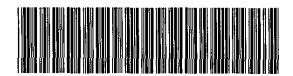
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TALLAHASSEE, FLORIDA

#### COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: Kovar Consulting LLC

Name of Limited Liability Company

Dear Sir or Madam:

t'

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Jeremy Jay Kovar

Name of Person

Firm/Company

1400 Hull St. S.

Address

Gulfport, FL 33707

City/State and Zip Code

kovarconsultingllc@gmail.com

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

For further information concerning this matter, please call:

Jeremy Jay Kovai

<sub>4.7</sub>407 \ 8

՝ 832-7690

Name of Person

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

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:	Kovar Consulting LLC	···				
2. (a) Principal office address of limited li (Note: MUST BE STREET ADD		1400 Hull St. S. Gulfport, FL 33707				
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE)						
10/11/2010  3. Date of filing/registration in Florida		L10000106032 4. Document number	OF			
• •						
5. (a) Registered Agent and Registered O	ffice shown on t	he records of the Flo	orida Dept. of	'State:		
Registered Agent:		Guy H. Gilbert				
Registered Office Address:		4700 Millenla Blvd. Suite 175 Orlando, FL 32839		<u></u>		
(b) Enter name of <b>NEW Registered As</b>	zent and/or NEV	V Registered Office	e address?		(1, 8) (10) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
<b>NEW</b> Registered Agent:		Jeremy Jay Kovar	ASS	22		
NEW Registered Office Address: (MUST BE FLORIDA STREET A	(DDRESS)	1400 Hull St. S.	E CO	<u> </u>		
-	<del></del>	Gulfport	o F	<u>33</u> 707	Janes,	
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered aggliability company, it is hereby confirmed the members of the limited liability compart the operating agreement of the limited liability comparts of the limited liability compared to the limited liability compared	are made, the Flent will be identiat the change(s) by or as otherwishlity company.	orida street address cal. Or, in the case was/were authorized	of the register of a Florida l d by an affirm	red off imited native	vote o	
Jeremy Jay Kovar Printed or typed name of signee		-				
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is taddress, I hereby confirm that the limited I	red agent and a elative to the pro gations of my po. eing filed to me iability company	gree to act in this ca per and complete p sition as registered o rely reflect a change has been notified in	spacity. I furt erformance o agent as prove in the regist on writing of th	her ag f my di ided fo ered o) iis cha	ree to uties, or in ffice nge.	
Signature of Registered gont						
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						

INHS18 (05/08)