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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



10/16/19--01010--005 **25.00



NOV 0.5 2019 C Kinsey TO: Registration Section Division of Corporations

1020 Consulting LLC

SUBJECT:

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:

Devika Francis

Name of Person

1020 Consulting LLC

Firm/Company

7771 W. Oakland Park Blvd, Ste 228

Address

Sunrise, FL 33351

City/State and Zip Code

dfrancis@1020builders.com

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

For further information concerning this matter, please call:

Devika Francis	754	312-3
	at ()	·

Name of Person

Area Code & Daytime Telephone Number

516

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: 1020 Consul	ting LLC		
2. (a)	7771 W Oakland Park Blve Ste 228			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Sunrise, FL 33351			
	11/04/2010	L10	000115425	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Michael Batisto			
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	7771 W. Oakland Park Blvd Ste 228			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2019 OCT 16 PH 5:59	
	Sunrise, FL	33351		
(b)			···· ··· ··· ··· ··· ··· ··· ··· ···· ··· ····	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:		
	Karl Blau			
	NEW Registered Office Address:	·		
	7771 W Oakland Park Blvd, Ste 228			
	Sunrise	33351		
the cha agent w was/we the arti-	imited liability company is not organized under the laying or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the MMMM Branch	f the registered ability compared of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
	ure of a member or authorized representative of a member		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 605, 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

• . . .

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