

L10000 116788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

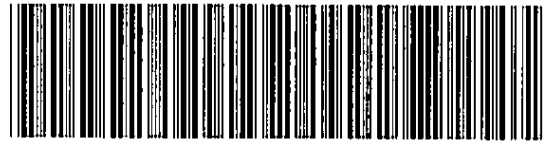
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
2019 JUN -6 PM 5:39
STATE OF MICHIGAN
CLERK OF COURT

T GLASS

JUN 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

LARRY BILBY
4811 RIVERHILLS DR
TAMPA, FL 33617

SUBJECT: SOUTHEASTERN CONSULTING, LLC
Ref. Number: L10000116788

We have received your document for SOUTHEASTERN 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 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 319A00010497

APPROVED
AND
FILED

2019 JUN -6 PM 5:39

CLERK OF THE COURT
CLERK OF THE COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeastern 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:

LARRY B. BRY
Name of Person

Southeastern Consulting LLC
Firm/Company

4311 Riverhills Dr
Address

Tampa, FL 33614
City/State and Zip Code

LARRY.B.BRY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

APPROVED
AND
FILED
2019 JUN -6 PM 5:39
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LARRY B. BRY at (710) 210-8000
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

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. Name of the limited liability company: SOUTHERN DISCOUNT LLC

2. (a) 1311 KENNEDY DR. (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

TAMPA

LEONOR 33617

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 Office Address **(MUST BE FLORIDA STREET ADDRESS)**

_____, FL _____

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

NEW Registered Office Address:

4311 KENNEDY DR

TAMPA, FL _____

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.

Signature of a member or authorized representative of a member

LARRY BILBY
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