

L10000118088

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.
Account Number : 120000000104
Phone : (941) 366-3700
Fax Number : (941) 366-0189

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
NET IMPACT CONSULTANTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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13 MAY 23 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 24 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NET IMPACT CONSULTANTS, 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:

Staci Walsh, CP, FRP

Name of Person

Burgess Harrell et al

Firm/Company

1776 Ringling Blvd.

Address

Sarasota, FL 34236

City/State and Zip Code

dorindabronswilkinson@gmail.com

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

For further information concerning this matter, please call:

Staci Walsh, CP, FRP at **(941) 366-3700**

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

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TALLAHASSEE, FLORIDA

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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: NET IMPACT CONSULTANTS, LLC2. (a) Principal office address of limited liability company: 400 E. Mac Ewen Drive
Osprey, FL 34229
(Note: **MUST BE STREET ADDRESS**)(b) Mailing address of limited liability company: 400 E. Mac Ewen Drive
Osprey, FL 34229
(Note: **MAY BE POST OFFICE BOX**)11/12/2010

3. Date of filing/registration in Florida

4. Document number L10000118088

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Ty Wilkinson

Registered Office Address:

2381 NW 66TH STREET, SUITE 102, BUILDING 702
MIAMI, FL 33122(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:**NEW Registered Agent:**Dorinda Bruns Wilkinson**NEW Registered Office Address:**400 E. Mac Ewen Drive**(MUST BE FLORIDA STREET ADDRESS)**Osprey, FL 34229

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 memberDorinda Bruns Wilkinson, Managing Member
Printed or typed name of signer

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 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

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

DNH518 (05/08)

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