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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ		Mullum Consulting LLC  Name of Limited Liability Company		
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Piease	e return all correspondence concerning th	is matter to the following.		
	Marie B Code, Esq			
	Name of Person			
	Marie B. Code Esq. P.L. Firm/Company	<del></del>		
	1308 SW 27th Terrace  Address			
	Cape Coral FL 33914 City/State and Zip Code			
E	marie@marieesquire.com -mail address: (to be used for future annual report noti	fication)		
For fu	urther information concerning this matter,	please call:		
	Marie B Code, Esq	at (239)829-0063		
	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:		
	<b>✓</b> \$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 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.

Name of the limited liability company:	Mullum Consulting LLC	
2. (a) Principal office address of limited liability compa	any: 8961 Conference Dr. Ste 2	
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919	
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2	
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919	
01/04/2011	L11000001296	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	Code, Marie B Esq	
Registered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	1308 SW 27th Terrace	
(MUST BE FLORIDA STREET ADDRESS)	Cape Coral ,FL33914	
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		
Marie B Code, Esq Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	

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