L1100000001061

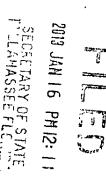
(Req	uestor's Name)			
(Add	lress)			
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800243689488

01/16/13--01017--017 **25.00



JAN 1 7 2013 D. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

Traction 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:

Lisa S Grago

Name of Person

Traction Consulting, LLC

Firm/Company

9111 Short Chip Circle

Address

Port St. Lucie, Florida 34986

City/State and Zip Code

lisa@tractionconsulting.com

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

For further information concerning this matter, please call:

Lisa S Grago

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 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.

l. Na	me of the limited liability company: Traction Consulting,	LLC	
) (a)	Principal office address of limited liability compan	v· 9111 Short Chip Circle	
J. (U)	(Note: MUST BE STREET ADDRESS)	Port St. Lucie, FL 34986	
	(
(h)	Mailing address of limited liability company	9111 Short Chip Circle	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		Port St. Lucie, FL 34986	
	Note: MATE BET OUT OF THEE BOX		
05/24/2	011	L110000611061	
3. Da	te 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 Agent:	Lisa S Grago	
	Pagistared Office Address:	629 NW Whitfield Way	
Registered Office Address:	Registered Office Address.	Port St. Lucie, FL 34986	- 13
			16 16
(b)	Enter name of NEW Registered Agent and/or NE	W Registered Office add	danage of the same
(0)			
	NEW Registered Agent:	Lisa S Grago	[S 8]
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office Address:	9111 Short Chip Circle	1 2 m
	(MUST BE FLORIDA STREET ADDRESS)	Port St. Lucie, FL 34986	
			,FL
confirmed the indicate in the inches of the	san Grago I or typed name of signee	Florida street address of the tical. Or, in the case of a si was/were authorized by rise provided in the article	ne registered office Florida limited an affirmative vote of s of organization or MANAGIM Men
\perp	eby accept the appointment as registered agent and ly with the provisions of all statules relative to the plant am familiar with and accept the obligations of my provided from the confirmation of the plant of the provided from the confirmation of the companies of Registered Agent	agree to act in this capact roper and complete perfor osition as registered agen erely reflect a change in t ny has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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

INHS18 (05/08)