L/100075031

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

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JUN 24 2015 J. BRUCE

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: REGENT CONSULTANC	Y, LLC			
N	ame of Limited	Liability Company	 -	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change an	nd fee(s) are submitted for	filing.	
Please return all correspondence concerning	this matter to th	e following:		
Timothy F. Graham				
Name of Person	7-			
Flex-N-Gate Corporation				
Firm/Company				
538 Blanchard Park				
Address	 			
Tecumseh, Ontario N8N 2L9				
City/State and Zip Code	•			
dwaugh@flexngate.com			201 7ALI	
E-mail address: (to be used for future a	nnual report not	ification)	CRE CAH	
For further information concerning this matt	er, please call:		PILE 2015 JUN 23 F SECRETARY OF ALLAHASSEE,	
Timothy F. Graham	519	727-2325		
Name of Person		Area Code & Daytime	Telephone Number	
STREET/COURIER ADDRESS:	N	MAILING ADDRESS:	→	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	1	'allahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:			
■ \$25 Filing Fee		\$55 Filing Fee & Certified	Сору	

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.

Name of the fittined flaotity company.	ONSULTAN	CY, LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
June 29, 2011	 L11	000075031
Date of filing/registration in Florida	4.	Document number
(a) CT CORPORATION SYSTEM		
Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	of the Florida Dept	. of State:
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	 -
Plantation , F	33324	201
(b) Shahid Rafiq Khan		ZOUS JUN SECRETA
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	SSS 2
4101 Gulf Shore Blvd. N.		
NEW Registered Office Address:		STATE STATE
PH #1		RIDA:
Naples	_L 34103-291	1
the limited liability company is not organized under the lachange or changes are made, the Florida street address on the will be identical. Or, in the case of a Florida limited is were authorized by in affirmative vote of the members articles of organization or the operating agreement of the ignature of a member or authorized representative of a member are never accept the appointment as registered agent and associations of all statutes relative to the proper and complete of ligations of my position as registered agent as providing the registered agent as providing the proper and complete of the proper and c	of the registered liability compa of the limited e limited liabil Shahid	d office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Rafiq Khan Printed or typed name of signee