## 11000113728

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000238192610

08/08/12--01006--003 \*\*25.00

2012 AUG -8 CONTROL SECRETARY OF STATE

T. CLINE

AUG - 9 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
	Consulting, LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Nicholas Landera Name of Person		
NLL Consulting, LLC Firm/Company		
79 SW 12 Street, Apt 1901 Address	2012 AUG -8 SEGRETARY TALLAHASS	
Miami, FL 33130 City/State and Zip Code	ASSEE, FLORIO	
nicklandera@gmail.com E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter,	please call:	
Nicholas Landera at	582-1663 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 a	mount:	
\$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:	NLL Consulting, LLC	
2. (a) Principal office address of limited liability compa	any:	
(Note: MUST BE STREET ADDRESS)	79 SW 12th Street, A Miami, FL 33130	Apt 1901
(b) Mailing address of limited liability company:	<del></del>	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 310852 Miami, FL 33231	
10/5/2011	L11000113728	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florid	la Dept. of State:
Registered Agent:	Nicholas Landera	
Registered Office Address:	253 NE 2nd Street, Apt 4103 Miami, FL 33132	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	Nicholas Landera  79 SW 12th Street, A	AUG -8 AHASSEE
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oft or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of tentical. Or, in the case of a c(s) was/were authorized b	rida it is hereby the registered office a Florida limited y an affirmative vote
Printed or typed name of signee		
I hereby accept the appointment as registered agent and 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 complete the complete state of the complete state	d agree to act in this capac proper and complete perfo position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent		

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