## 11000115818

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2011 OCT 18 MUN: 11
SECRETARY OF STATE

T. CLINE
OCT 19 2011
EXAMINER

## **COVER LETTER**

ONSULTING LLC		
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matter to the following:		
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ation)		
lease call:		
( 561_) 948-6228		
Area Code & Daytime Telephone Number		
MAILING ADDRESS:		
Registration Section		
Division of Corporations		
P.O. Box 6327		
Tallahassee, Florida 32314		
Tallahassee, Florida 32314		
Tallahassee, Florida 32314 nount:		
1 1 a 1	Change and fee(s) are submitted for filing.  matter to the following:  TALLY OF STATE  TOTAL STA	Change and fee(s) are submitted for filing.  SECRETARY OF STARY OF STATE TORD  TORD

## 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:	NPC CONSULTING LLC
2. (a) Principal office address of limited liability compan	y: 1725 S FEDERAL HWY
(Note: MUST BE STREET ADDRESS)	SUITE B-9832136 DELRAY BEACH, FL. 33483
(b) Mailing address of limited liability company:	1725 S FEDERAL HWY
(Note: MAY BE POST OFFICE BOX)	SUITE B-9832136 DELRAY BEACH, FL. 33483
10/10/11	L11000115818
3. Date 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:	GREAGHAN HARRY ÈM S
Registered Office Address:	265 S FEDERAL HWY STE#265 DEERFIELD BEACH, FL. 33431 &
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	GREAGHAN HARRY
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	265 S FEDERAL HWY STE#265
-	DEERFIELD BEACH ,FL33441
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited/liability company or as other or the operating agreement of the limited liability compan	Florida street address of the registered office
Signature of a member of authorized representative of a member	
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 provision of all statutes relative to the provision of I am familiar with and accept the obligations of my process. I hereby confirm that the limited liability companies of Registered Agent  Division of Corporations, P.D. Box 6.	

FILING FEE: \$25.00