

L11000144447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

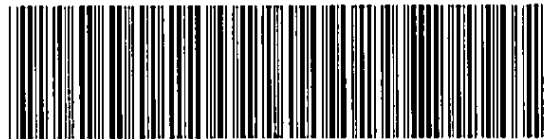
(Business Entity Name)

(Document Number)

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MAY 24 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LBTR CONSULTING, L.L.C.

\_\_\_\_\_  
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:

KATHY HUDSON

\_\_\_\_\_  
Name of Person

ASC WARRANTY

\_\_\_\_\_  
Firm/Company

PO BOX 2400

\_\_\_\_\_  
Address

MOUNTAIN HOME, AR 72654

\_\_\_\_\_  
City/State and Zip Code

kathy.hudson@ascwarranty.com

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

For further information concerning this matter, please call:

Kathy Hudson

870 425-8330  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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.*

1. Name of the limited liability company: LBTR CONSULTING, L.L.C.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

1793 HWY 201 N.

PO BOX 2400

MOUNTAIN HOME, AR 72653

MOUNTAIN HOME, AR 72654

12/28/2011

L110004447

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:

BRAD HASSELWANDER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5951 SILVER KING BLVD

CAPE CORAL, FL 33914

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

CT CORPORATION SYSTEM

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

BRAD HASSELWANDER

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

CT Corporation System

By: Nichol McCroy Assistant Secretary  
Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2023

KATHY HUDSON  
P.O. BOX 2400  
MOUNTAIN HOME, AR 72654

SUBJECT: LBTR CONSULTING, L.L.C.  
Ref. Number: L1100014447

We have received your document for LBTR CONSULTING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers  
Regulatory Specialist III

Letter Number: 323A00010554