

L120000697638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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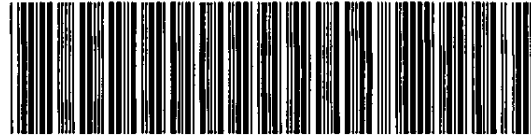
(Business Entity Name)

(Document Number)

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2014 JAN 13 PM 3:16  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

JAN 15 2014  
CLERK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FREEConsl 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:

MARCELO SALDUENDO

Name of Person

FREEConsl LLC

Firm/Company

3422 SW 15 Street, Suite #7169

Address

Deerfield Beach, FL 33442

City/State and Zip Code

freeconsl@gmail.com

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

For further information concerning this matter, please call:

MARCELO SALDUENDO

Name of Person

at ( 941 )

312-7719

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

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FILED  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**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.*

1. Name of the limited liability company: FREEConsl LLC

2. (a) Principal office address of limited liability company: 3422 SW 15 Street, Suite #7169

**(Note: MUST BE STREET ADDRESS)**

Deerfield Beach  
FL 33442

(b) Mailing address of limited liability company: 3422 SW 15 Street, Suite #7169

**(Note: MAY BE POST OFFICE BOX)**

Deerfield Beach  
FL 33442

07 / 30 / 2012

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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:

INCORP SERVICES INC.

Registered Office Address:

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

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

**NEW** Registered Agent:

Registered Agents Inc.

**NEW** Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

**(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33607

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

MARCELO SALDUENDO

Printed or typed name of signee

*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 608, 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.*

Signature of Registered Agent

Dan Keen-President

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

FILING FEE: \$25.00