

#L12000098003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

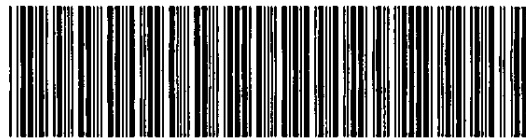
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 10 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2013

HI SPAN CONSULTING LLC
DORIC C SANDOVAL
2591 RIVER RIDGE RD.
ORLANDO, FL 32825

SUBJECT: HI SPAN CONSULTING LLC
Ref. Number: L12000098003

We have received your document for HI SPAN CONSULTING LLC 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 must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 113A00019882

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hi Span Consulting 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:

Doric C. Sandoval

Name of Person

His Span Consulting LLC

Firm/Company

2591 River Ridge Road

Address

Orlando, FL 32825

City/State and Zip Code

hispan3@yahoo.com

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

For further information concerning this matter, please call:

Doris C Sandoval

Name of Person

at (407) 207-2569

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

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: Hi Span Consulting LLC

2. (a) Principal office address of limited liability company: Hi Span Consulting LLC
2591 River Ridge Road
Orlando, FL 32825

(b) Mailing address of limited liability company: Hi Span Consulting LLC
2591 River Ridge Road
Orlando, FL 32825

July 30th, 2012

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:

Corporation Service Company

Registered Office Address:

Ann R Shilling
1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent:

Hi Span Consulting LLC

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

Doris C. Sandoval
2591 River Ridge Road
Orlando, FL 32825

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.

X Doris C. Sandoval
Signature of a member or authorized representative of a member

Doris C. Sandoval

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.

X Doris C. Sandoval
Signature of Registered Agent

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