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**Division of Corporations** Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE NORTHWEST GEORGIA CONSULTING, LLC

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## 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.	Ni	ume of the limited liability company: Northwes	t Ge	orgia (	Consulting LLC	
2.	(a)	7901 4th St N	(h)	7901 4	th St N	
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company (Note: MAY RE POST OFFICE BOX)	y:
		STE 300	_	STE 30	00	
		St. Petersburg, FL 33702	St. Petersburg, FL 33702 L12000117154			
		09/12/12				
3.		Date of filing/registration in Florida	4.	• • • • • • • • • • • • • • • • • • • •	Document number	
5.	(a)	NORTHWEST REGISTERED AGENT LLC				
,	1	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	<del>.</del> e:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					-	
		STE 300				
		ST. PETERSBURG .FL	33702		•	
(b) Registered Agents Inc.				•		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				. 7	
		7901 4th St N			• •	
		NEW Registered Office Address:			•	
		STE 300			`	
					-	
		St. Petersburg . FL	33702		_	
the age was	cha nt v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility cor f the limi limited li	ered office npany, it is ted liability	c and the business office of the regis s hereby confirmed that the change( y company or as otherwise provided	stered s)
<u>S</u>	igna	ture of a member or authorized representative of a member	- (110)	- CIK	Printed or typed name of signee	
prothe to r	visi obl nere ifjec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  Bill Havre - Assistant of Registered Agent	performa I for in C. ereby co	nce of my a hapter 605 afirm that i	duties, and I am familiar with and a 5, F.SOr, if this document is being	iccept filed

. . . .