112000124545

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
 kv.			

Office Use Only



800246649738

04/15/13--01010--805 **25.00

2013 APR 15 AM 9: 02
SECTE LARY 9F STATE
AND ASSOCIATION ASSOCIATION ASSOCIATION ASSOCIATION AND ASSOCIATION A

J. SAULSBERRY EXAMINER

APR 16 2013

COVER LETTER ·

TO: Registration Section Division of Corporations			
SUBJECT: Consumer Brokers LLC		,	
(Name	of Limited Liability Company)		
Dear Sir or Madam		• : • • •	
The enclosed Registered Agent/Registered	Office Change and fee(s) are su	bmitted for filin	g.
Please return all correspondence concernin	g this matter to the following:		
	•	• •	
Daniel Denualt		٠	
(Name of Person)		•	
Consumer Brokers LLC			Hand Mark
(Firm/Company)			2013 APR 15
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
121 S. Orange Ave. #1501			
(Address)			
	, ·		STATE STATE
Orlando, Florida 32801	• .		語に
(City/State and Zip Code)			.∄e−
		, .	
For further information concerning this ma	tter please call		
	activity prompte during	·	
			·
Daniel Denault (Name of Person)	at (407) 800-2464	Talanhana Nun	hor)
(Name of Ferson)	(Area Code & Daytime	retephone Nun	idei j
A second of the			
STREET/COURIER ADDRESS:	MAILING ADDRES	SS:	
Registration Section Division of Corporations	Registration Section Division of Corporation	ons	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 3	2314	
Enclosed is a check for the follow	ing amount:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & C	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.

and the state of t	
1. Name of the limited liability company: Consume	er Brokers LLC
2. (a) Principal office address of limited liability comp	pany: 121 S. Orange Ave. #1501
(Note: MUST BE STREET ADDRESS)	Orlando, Florida 32801
(1.0.0.1.1.001 22 23 11 12 11 11 11 12 11 12 11 11 12 11 11	
(b) Mailing address of limited liability company:	121 S. Orange Ave. #1501
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32801
0/00/40	: 140000404545
9/28/12	L12000124545
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	
Registered Agent:	Daniel Denault
Projectored Office Address	1614 South Fold Drive
Registered Office Address:	1614 South Eola Drive
	() () () () () () () () () ()
	
	NEW Registered Office address:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	1E 11 Registered Office address.
NIEW Designand Assets	9:
NEW Registered Agent:	——————————————————————————————————————
NEW Registered Office Address:	To .
(MUST BE FLORIDA STREET ADDRESS)	121 S. Orange Ave.
	Orlando,FL_32801
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	treet address of the registered office and the business ne case of a Florida limited liability company, it is ed by an affirmative vote of the members of the limite
Daniel Denault (Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my posite F.S. On it this document is being filed to merely reflect confirm that the limited liability company has been noti	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, and ion as registered agent as provided for in Chapter 60 tachange in the registered office address, I hereby fied in writing of this change.
(Signature of Registered Agent)	

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