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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.

2. (a)	RAUSCH CONSULTING LLC		(b) R	AUSCH CONSULTING LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)_	Mailing address of limited (Note: MAY BE POST		
	13650 FIDDLESTICKS BLVD., SUITE 202-377		1.	3650 FIDDLESTICKS BLVD., S	SUITE 202-377	
	FORT MYERS, FL 33912		F	ORT MYERS, FL 33912		
	10/16/2012		1.13	2000131440		
3.	Date of filing/registration in Florida	_ .4.		Document number		
5. (a)	JESS W LEVINS					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	C/O LEVINS & ASSOCIATES LLC			·	نسا	
	Registered Office Address (MUST BE FLORIDA STREET) 6843 PORTO FINO CIRCLE	'ADDRI	ESS)	· .	020 :	
	FORT MYERS F	L_33913			1	
(b)	TASHA A. WARNOCK				MII:5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u></u> :	ં ∴			
	THE LEVINS & WARNOCK LAW GROUP					
	NEW Registered Office Address:			<del></del>		
	6843 PORTO FINO CIRCLE					
	FORT MYERS , F	. 33911 L	?			
change agent w was/we	mited liability company is not organized under the later or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of t e regist iability of the	he Sta ered o compi imitec	ffice and the business office of any, it is hereby confirmed that I liability company or as other	of the registered at the change(s)	
KIBMI			YLEI	B. RAUSCH		
Signat	ure of a member or authorized representative of a member	_		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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

to the Registered Type III

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