

L12000143269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

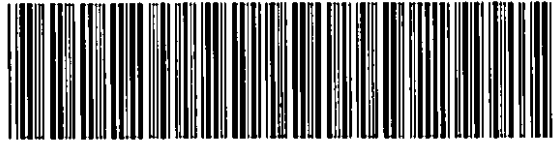
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18 SEP - 7 AM 10:58  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2018

AGUSTIN S DE LA MORA  
PROFESSIONAL LANGUAGE CONSULTANTS LLC  
7523 ALOMA AVENUE STE 209  
WINTER PARK, FL 32792

SUBJECT: PROFESSIONAL LANGUAGE CONSULTANTS, LLC  
Ref. Number: L12000143269

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We have received your document for PROFESSIONAL LANGUAGE CONSULTANTS, 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):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 418A00017639

RECEIVED  
18 SEP -7 AM 9:16  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL LANGUAGE CONSULTANTS 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:

AGUSTIN S. DE LA MORA  
Name of Person

PROFESSIONAL LANGUAGE CONSULTANTS LLC  
Firm/Company

7523 ALOMA AVE. SUITE 209  
Address

WINTER PARK FL. 32792  
City/State and Zip Code

delamora.agustin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AGUSTIN S. DE LA MORA at ( 407 ) 579 8850  
Name of Person 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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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: PROFESSIONAL LANGUAGE CONSULTANTS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

7523 ALOMA AVE. SUITE 209

WINTER PARK FL. 32792

11/13/2012

L12000143269

3. 11/13/2012 Date of filing/registration in Florida 4. L12000143269 Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

GRSH LAW

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

20200 West Dixie Highway

AVENTURA, FL 33180

(b) AGUSTIN S. DE LA MORA

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

NEW Registered Office Address:

~~PO Box 1940~~

974 LAKE DOUGLAS PLACE

Orlando, FL ~~32817~~ 32817

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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.



Fernando Ortega

Signature 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, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

