## <u>412000146178</u>

(Re	equestor's Name)	<del></del>	
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

Registration Section Division of Corporations		
RAYMOND C. SOUTHERN SUBJECT:	CONSULTING LLC	
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing	
Please return all correspondence concerning t	this matter to the following:	
Raymond C. Southern	2	
Name of Person	<del></del>	
Raymond C. Southern Consulting LLC		
Firm/Company		
2474 Poinciana Ct		
Address	<del></del>	
Weston FI 33327		
City/State and Zip Code		
raysouthern162@gmail.com		
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
Raymond C. Southern	984 275 8805 at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	er to change its registered	l office ör registered		
1. Name of the limited liability company: Raymond C.	Southern Consulting LLC	)		
2. (a) Principal office address of limited liability company				
(Note: MUST BE STREET ADDRESS)	Weston Fl 33327			
(b) Mailing address of limited liability company:	2474 Poinciana Ct	- <del>ω</del>		
(Note: MAY BE POST OFFICE BOX)	Weston Fl 33327	· 四 · · · · · · · · · · · · · · · · · ·		
Nov 19, 2012	L12000146178	<u> </u>		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Depty of State:				
Registered Agent:	Bruce R. Abernethy Jr.,PA			
Registered Office Address:	500 Virgina Ave, suite 202			
	Fort Pierce, FL 34982-	-5910		
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office addr Raymond C. Southern			
NEW Registered Agent:				
NEW Registered Office Address:	2474 Poinciana Ct			
(MÚST BE FLORIDA STREET ADDRESS)	Weston	,FL_33327		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the tical. Or, in the case of a F ) was/were authorized by a	registered office lorida limited in affirmative vote of		
Raymond C. Southern				
Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address the confirm that the limited liability companions of Registered Agent	igree to act in this capacity oper and complete perforn osition as registered agent erely reflect a change in the y has been notified in writi	). I further agree to nance of my duties, as provided for in e registered office ing of this change.		