

L130000 30852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

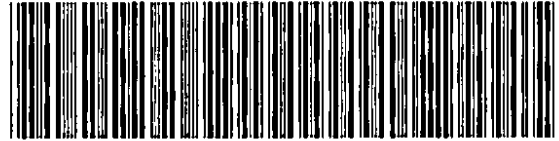
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/24/20--01035--028 **25.00

FILED
2020 MAR 27 AM 8:55
MAR 24 2020

RA/RO/chg

MAR 30 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANS-STATE CONSULTING, 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:

MELISSA HARVEY

Name of Person

TRANS-STATE CONSULTING, LLC

Firm/Company

321 SPARKMAN ROAD

Address

PLANT CITY FL 33566

City/State and Zip Code

Missy@Trans-State.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA HARVEY at (813) 918-9684
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2020

MELISSA HARVEY
321 SPARKMAN ROAD
PLANT CITY, FL 33566

SUBJECT: TRANS-STATE CONSULTING, LLC
Ref. Number: L13000030852

We have received your document for TRANS-STATE CONSULTING, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 420A00005898

REC-03
320 MAR 27 11:35:52
FBI

**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: TRANS-STATE CONSULTING, LLC

2. (a) <u>321 Sparkman Road, Plant City FL 33566</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>321 Sparkman Road</u> <u>Plant City FL 33566</u>	(b) <u>P O Box 3893, Plant City FL 33563</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>P O Box 3893</u> <u>Plant City FL 33563</u>
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3. <u>02/21/2020</u> Date of filing/registration in Florida	4. <u>L13000030852</u> Document number
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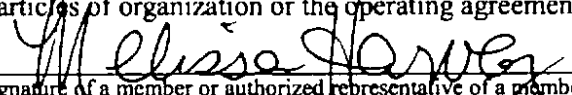
5. (a) Natalie Nunez
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LegalZoom.com, Inc

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
101 N Brand Blvd, 11th Floor
Glendale CA, FL 91203

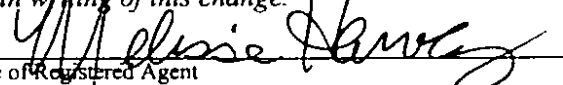
(b) MELISSA HARVEY
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
321 Sparkman Road, Plant City FL 33566
NEW Registered Office Address:
321 Sparkman Road
Plant City, FL 33566

FILED
2020 MAR 27 AM 8:55
TALLAHASSEE, FL

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.

 _____ Signature of a member or authorized representative of a member	<u>Melissa Harvey</u> _____ Printed or typed name of signer
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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