L13000102035

lame)							
(Address)							
(Address)							
/Phone #)							
MAIL MAIL							
(Business Entity Name)							
(Document Number)							
ficates of Status							
Special Instructions to Filing Officer:							

Office Use Only



400258381824

04/04/14--01023--017 **25.00

RARDICHS
(10 4.9.14

COVER LETTER

Division of Corpora		•						
Peter Schw	oerer Consulting,	LLC						
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Ag	gent/Registered Offic	ce Change and fee	e(s) are submitted for filing.					
Please return all correspond	ence concerning this	s matter to the fol	lowing:					
Peter Schwoerer	•							
Na	me of Person							
Fir	m/Company		•					
449 Tradition Lane								
A	ddress							
Winter Springs, FL 327	'08							
City/St	ate and Zip Code							
peter.schwoerer@hotn	nail.com							
E-mail address: (to be	used for future annu	al report notifica	tion)					
For further information con	cerning this matter, p	please call:						
Peter Schwoerer		321 _at (765-7023					
Name of Pe	rson	Ā	Area Code & Daytime Telephone Number					
STREET/COURI			LING ADDRESS:					
Registration Section	· ·							
Division of Corpora	itions	Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Clifton Building 2661 Executive Cer	stan Cinala							
Tallahassee, Florida		i aliai	iassee, Fiorida 32314					
Enclosed is a chec	k for the following a	amount:						
2 \$25 Filing Fee		355 1	Filing Fee & Certified Copy					

INHS18 (2/14)

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.	Na	me of the limited liability company: Peter Schwoel	rer (Consulting, L	.LC
2. (a)	449 Tradition Lane Winter Springs, FL 32708		(b) 449 Trac	dition Lane Winter Springs, FL 327
(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		449 Tradition Lane	_	449 Trac	lition Lane
		Winter Springs, FL 32708		Winter \$	prings, FL 32708
		July 19, 2013		L1300010	02635
3.		Date of filing/registration in Florida	4.	-1 - 1	Document number
5. (a)	Corporation Service Company			
Ψ. ,	,	Registered Agent and Registered Office shown on the records of th	e Flo	rida Dept. of State	:
		1201 Hays Street Tallahassee, FL 32301			
		Registered Office Address MUST BE FLORIDA STREET AL	DDRI	(SS)	
		, FL			_
(I	b)	Peter Schwoerer			14 A
`		Enter name of NEW Registered Agent and/or NEW Registered Office address:			SECOND SE
		449 Tradition Lane Winter Springs, FL 32708			- Control
		NEW Registered Office Address:	H Page		
					ယ္က ခြဲခြဲ ဆ
					^
		, FL_		-	
the cagen was/	hai t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of to ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he re pility the l	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
0	l	1. Schwaeren	P	eter R. Schv	voerer
Sig	nat	ure of a member or authorized representative of a member			Printed or typed name of signee
prov the o to m	ışıcı bli ere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	e to derfor for i ereby	act in this capa rmance of my a n Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Sign	atrur	e of Registered Agent			