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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T3 Consulting Group, LCC 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:	
Name of Person 8	
Winderwealte Haines Ward 3 Wood man, P.A. Firm/Company	-
Windurweodle Haines Ward 3 Wood man, P.A. Firm/Company 329 Park Ave, North, 2nd Floor Address	つ
WinterPark FL 32790 City/State and Zip Code	
NSM ith @whww. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (407) 246 - 8663 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:	
№ \$55 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.

· ·
ailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
•
000 184 35
Document number
•
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· .
rida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Thomas Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filled the limited liability company has been

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