## 13000120822

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Durings Falls Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



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NULLENDANDS SELVOSSES

I. HARRIS

## COVER LETTER

	istration Section ision of Corporation	ons	,	· ·		
SUBJECT:	Soho	Management Name o	nt Consulting of Limited Liability Company	LLC		
Dear Sir or	Madam:					
The enclose	ed Registered Age	nt/Registered Office	Change and fee(s) are submi	tted for filing.		
Please retur	n all corresponde	nce concerning this r	natter to the following:			
DA	AVIO C	OF PERON	<del> </del>			
	Firm	/Company				
7	746 C	itrus Hill	Ln			
	aples,	FL 34 te and Zip Code	1109			
da v E-mai	deo go er laddress to be	Sohopr used for future affinua	report notification)			
For further	information conc	erning this matter, pl	ease call:			
D	AVIO C Name of Per		at ( 239 ) 57. Area Code &	Daytime Telephone Number		
Reş Div Cli 266	REET/COURIE gistration Section vision of Corporat fton Building 51 Executive Cent lahassee, Florida	ions ter Circle	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, Florid	on rations		
En	Enclosed is a check for the following amount:					
<b>[</b> 4]	\$25 Filing Fee		□ \$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.

1.	Na	ame of the limited liability company: Soho Management Consulting, Lo	<u> </u>	<del></del> ,_,
2.	(a)		compan	y:
		Naples, FL 34109 Same		<del></del>
2		8/a7/13 L13000120822	,	
3.		Date of filing/registration in Florida 4. Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		6517 Autumn Woods Blvd		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
		Naples FL 34109	17 FE	SF CR
	(b)	David T Occard	3-2 F	TARY O
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	PM	POX SI
		7746 Citrus Hill Ln	<b>‡ 05</b>	とは、
		NEW Registered Office Address:		•
		Naples, FL , FL 34109		
the age was the State I he protection	cha ent we s/we arti- gnat ereb visio obli- nere	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed ange or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the case authorized by an affirmative vote of the members of the limited liability company or as otherwise prices of organization or the operating agreement of the limited liability company.  Printed or typed name of signce by accept the appointment as registered agent and agree to act in this capacity. I further agree to compions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is easy reflect a change in the registered office address, I hereby confirm that the limited liability company	ne regi hange rovide	stered (s) d in
		d'in writing of this change.  Ire of Registered Agent  .		

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