## L14000056236

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
, , , , ,								
(Document Number)								
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Certified Copies Certificates of Status								
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## **COVER LETTER**

Division o	f Corporations			
SUBJECT: CON	SODEL LLC			
30B0EC11	Nar	ne of Limite	d Liability Company	
Dear Sir or Madam	1:			
The enclosed Regis	stered Agent/Registered Off	fice Change	and fee(s) are submitted	for filing.
Please return all co	rrespondence concerning th	is matter to	the following:	
CARDONA, JO	RGE A			
	Name of Person	<b></b>		
CONSODEL LL	.c			
	Firm/Company			
3975 Cedar Ha	mmock Trail			
	Address	<u></u>	<del></del>	
Saint Cloud,FI	34772			
	City/State and Zip Code			201
consodel@gma	il.com			
E-mail addre	ss: (to be used for future and	nual report r	notification)	The same of the sa
For further informa	ation concerning this matter	, please call	:	
Jorge A. Cardon	na	407	968-4236	2:1
Na	me of Person	ar (	Area Code & Day	time Telephone Number
Registration Division on Clifton Bu 2661 Exec	f Corporations		MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, Florida 32	ns
Enclosed i	s a check for the following	g amount:		
<b>☑</b> \$25 Fili	ng Fee		\$55 Filing Fee & Cert	ified 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. N	lame of the limited liability company: CONSODEL	LLC					
2. (a)		(	b)				
<b>2.</b> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	1006 Plaza Drive	3975 Cedar Hammock Trail					
	Kissimmee, FL 34743	<u> </u>	Saint Cloud,FL 34772				
	04/07/2014		L1400005	6236			
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a	, RIVERA, EDWIN						
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:	:			
	RIVERA, EDWIN						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>s)</u>				
	9741 S ORANGE BLOSSOM TR STE 2		<del>-</del>				
	ORLANDO,, FL	32837	,	بات رخين	ć		
(b)	lorge A. Cardona			PS.	20.16 OCT	Metaloge	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	ASS		Contraction Assured and res	
	Jorge A.Cardona				ם ר		
	NEW Registered Office Address:			Hall man	Ċ.	C	
	1006 Plaza Drive				32	.e.	
	Kissimmee	34743	3				
the chagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the the reg ability c	e State of Flor istered office ompany, it is nited liability	and the bus hereby cons company o	iness of firmed t	ffice of the registered that the change(s)	
//			rge A. Card				
	Signature of a member or authorized representative of a member			Printed or type	ed name	of signee	
provis the ob to me	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn d for in hereby c	et in this capa nance of my d Chapter 605, confirm that to	city I furth	er agre	e to comply with the	