

L14000084966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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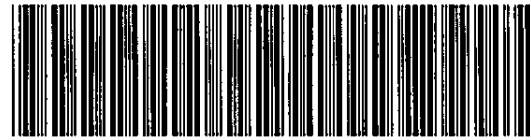
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
14 OCT 21 AM 11:56

OCT 21 2014

T. CARTER

LLC RA/RD Change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Universal Consulting Solutions, 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:

Neil Novak

Name of Person

Universal Consulting Solutions, LLC

Firm/Company

640 Laliue Circle; #407

Address

Naples, Florida 34119

City/State and Zip Code

neil.d.novak@gmail.com

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

For further information concerning this matter, please call:

Neil Novak

at (314)

378-1709

Name of Person

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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAX 850 245-6213
ATT: Tina Carter

October 9, 2014

NEIL NOVAK
UNIVERSAL CONSULTING SOLUTIONS, LLC
640 LALIQUE CIRCLE #407
NAPLES, FL 34119 US

SUBJECT: UNIVERSAL CONSULTING SOLUTIONS, LLC
Ref. Number: L14000084966

We have received your document for UNIVERSAL CONSULTING SOLUTIONS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00021688

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: Universal Consulting Solutions, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

640 Lalique Circle; #407

Naples, Florida 34119

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

640 Lalique Circle; #407

Naples, Florida 34119

May 27, 2014

L14000084966

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:

The Company Corporation CORPORATION SERVICE COMPANY NJ

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street

Tallahassee, FL 32001

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Neil Novak

NEW Registered Office Address:

640 Lalique Circle; #407

Naples, FL 34119

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TALLAHASSEE, FLORIDA
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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.

Neil Novak
Signature of a member or authorized representative of a member

Neil Novak
Printed or typed name of signee

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.

Neil Novak
Signature of Registered Agent