

L14 000094329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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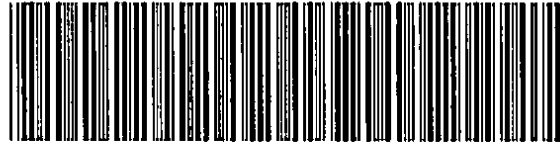
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAKA CONSULTING 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:

IRINA BUDYLINA JACOBS

Name of Person

MAKA CONSULTING LLC

Firm/Company

3610 W Hillsboro blvd. Apt 108

Address

Coconut Creek FL 33073

City/State and Zip Code

hello@makaconsultingllc.com

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

For further information concerning this matter, please call:

Irina Budylna Jacobs

504

813-6668

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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OCT 26 2020

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DIVISION OF CORPORATIONS
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2020 12 14: 11
FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2020

IRINA BUDYLINA JACOBS
MAKA CONSULTING LLC
3610 W HILLSBORO BLVD., APT 108
COCONUT CREEK, FL 33073

SUBJECT: MAKA CONSULTING LLC
Ref. Number: L14000094329

We have received your document for MAKA CONSULTING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 520A00025228

**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: MAKA CONSULTING LLC

2. (a) 3610 W Hillsboro blvd. Apt 108 Coconut Creek FL 33073
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

(b) 3610 W Hillsboro blvd. Apt 108 Coconut Creek FL
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
33073

3. 06/12/2014 Date of filing/registration in Florida

4. L14000094329 Document number

5. (a) Budylna Jacobs, Irina
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11215 Lakeview dr
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Coral Springs, FL 33071

(b) Registered Agents Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7901 4th St N, STE 300
NEW Registered Office Address:
St. Petersburg, FL 33702

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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.

[Signature] Signature of a member or authorized representative of a member

Irina Budylna Jacobs Printed or typed name of signee

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 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.

[Signature]
Signature of Registered Agent