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COVER LETTER *

TO: Registration Section : Division of Corporations						
SUBJECT: Maria Pern'n Concilting, 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:						
Maria Perrin Name of Person						
Maria Perrin Consulting, LLC Firm/Company						
964 Lago Mar Lane Address						
Boca Raton, FZ 33431 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Maria Perrin at (925) 858. 488 / 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						
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.

l. Na	me of the limited liability company: Maria Per	<u>cin</u>	Consulti	ng, LL	<u> </u>	
2. (a) _	α			Lago ing address of limi		anl
	(<u>Note: MUST BE STREET ADDRESS</u>)			(Note: MAY BE POST OFFICE BOX)		
	Boca Raton & 33431		BUCA	Raton	. F- 1	3343/
	10/15/14		L14	000160	862	
3.	Date of filing/registration in Florida	4.	Do	cument numbe	r	
5. (a)	United States Corporation A Registered Agent and Registered Office shown on the records of the	tacat e Morida I	Dept. of State:			
	13302 Winding Oak Ct. Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)				
	A				4	
	Tampa ,FL	334	012	, ,	15 OC	
(b)	Maria Perrin				CI -5	en and see
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addi	<u>ess</u> :	-	F S 13	
	964 Lago Mar Lane			רסתוס	3: 12 STATE	S. Walter
	NEW Registered Office Address:			1	>	
	Boca					
	Boca Raton ,FL	33°	131			
If the li	mited liability company is not organized under the laws	s of the S	State of Florid	a, it is hereby o	confirmed	that after
the cha	nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab	he regist	ered office an	d the business	office of the	he registered
was/we	re authorized by an affirmative vote of the members of	the limit	ed liability co	ompany or as of		
	cles of organization or the operating agreement of the li	imited lia	ability compa	ρ	\	
Signat	ure of a member of authorized representative of a member		IV(A	inted or typed nam	c of signee	
I haval	by account the approintment as registered agent and agree	e to act i	n this canaci	v I further as	ree to com	ply with the
provision the obli to mere	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I in writing of this change.	erforma for in Ci ereby coi	nce of my dut hapter 605, F. nfirm that the	ies, and I am fa S. Or, if this d limited liability	miliar with locument is y company	h and accept s being filed has been
	Man Fen					
Signatur	re of Registered Agent)					

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