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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	FLORIDA CONSULTANT AND INVEST?	MENTS LLC
моват.		imited Liability Company
Dear Si	r or Madam:	
The end	closed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matte	er to the following:
George	Mantzidis, Esq	
	Name of Person	
George	Mantzidis Attorney at Law, PLLC	
	Firm/Company	
5150 Ta	amiami Trail N., Ste. #503	
	Address	
Naples.	FL 34103	
	City/State and Zip Code	
george(ngmanlaw.com	
E	-mail address; (to be used for future annual rep	port notification)
For furt	ther information concerning this matter, please	eall:
George		239 438-4609
	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 amou	int:
	□ \$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. N	ame of the limited liability company: FLORIDA CO	NSULTA	NT	AND INVE	STMENTS LLC	
2. (a)	27350 RIDGE LAKE COURT		(b)	5740 BRO	OKLYN BLVD.	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BONITA SPRINGS, FL 34134			BROOKLY	N CENTER, MN 55429	
	12/02/2014		i	.1400018477	70	
3. 5. (a)	Date of filing/registration in Florida Wood Buckel & Carmichael				Document number	
	Registered Agent and Registered Office shown on the records 2150 GOODLETTE RD N	of the Flor	ida l	Dept, of State:		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>(SS)</u>		erroled 22 SEP	
(b) _	NAPLES	34102 FL			19	
	George Mantzidis, Esq.				PH 2:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	ad <u>d</u>	ress:	- 45	
	5150 Tamiami Trail N.				<u>-∵ -</u> ;	
	NEW Registered Office Address:					
	Ste. #503					
	Naples	FL				
change agent v was/w	limited liability company is not organized under the corchanges are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member igles of organization or the operating agreement of the content	he registe liability s of the li	erec con inti	l office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	my muson	K	EN	r erickso	N	
Signs	nture of a member or authorized representative of a member				Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this fhange	igree to a le perford ded for in I hereby	ct i mai cor	n this capac nce of my di napter 605, nfirm that th	city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	

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