## L15000007166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



900352410919

09/28/20--01003--003 \*\*25.00

MORETARY OF STATE

## **COVER LETTER**

	gistration Section vision of Corporations									
SUBJECT	Alan Hochman Consulting, LLC									
5017/17/01	Name of Limited Liability Company									
Dear Sir or	Madam:									
The enclose	ed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.							
Please retu	rn all correspondence concerning	this matter to the f	following:							
Alan Hochn	nan									
	Name of Person	-	_							
Alan Hochn	nan Consulting, LLC									
	Firm/Company									
1830 Radius	s Dr. Unit 1110									
	Address		<del></del>							
Hollywood,	F1, 33020									
	City/State and Zip Code	:								
alan@alanh	ochmanconsulting.com									
E-ma	il address: (to be used for future a	nnual report notifi	cation)							
For further	information concerning this matt	er, please call:								
Alan Hochn	man	954 at (	416-3506							
	Name of Person	*** (	Area Code & Daytime Telephone Number							
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
En	closed is a check for the followi	ng amount:								
1	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy							

TO:

## 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: Alan Hochman C	Consultir	g, Ll	C					
2. (a)	1830 Radius Dr. Linit 1110			(b) 1830 Radius Dr, Unit 1110					
4. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)						
	Hollywood, Fl 33020		H —	lollywood	d, F1 33020				
	Jan 14, 2015	_	1.1	5000007	166				
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED	4.			Document r	number			
J. (u)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	te:		2					
	Registered Office Address	TADORE	<u>SS)</u>			တ်"်			
	PLANTATION F	33324 L			_				
(b)	Alan Hochman  Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	)F STATE	6h :01 HV			
	1830 Radius Dr. Unit 1110					, <u>tu</u>	9		
	NEW Registered Office Address:				_				
	Hollywood F	L_33020			_				
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the li	ered o comp mite	office an pany, it i d liabilit	id the busines is hereby con iy company o	ss office of firmed that	the reg	gistered nange(s)	
	Al_Moethoniture of a member of a member	A!	an H	ochman					
					Printed or typ		_		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	gree to a e perfor ed for in hereby	ct in nanc Cha confi	this cap re of my opter 602 irm that	acity. I furth duties, and I 5, F.S. Or, if the limited h	ier agree to am familia this docum ability com	o comp ir with ient is ipany i	ly with the and accept being filed has been	

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

F1LING FEE: \$25.00

Signature of Registered Agent