## LISULCIULALO

(Requestor's Name)					
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S. WARREN DEC 0 6 2017

## **COVER LETTER**

.

TO:	Registration Section Division of Corporations		
SUBJ	JIG Consulting Services LLC		
		e of Limited Liab	oility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the fo	Howing:
Ivan	Somavilla		
•	Name of Person		
JIG (	Consulting Services LLC		
	Firm/Company		
8624	Great Cove Dr		
	Address	<del></del>	-
Orlar	ndo, FL, 32819		
	City/State and Zip Code	10.000	•
isom	avilla@jigcs.com		
1	E-mail address: (to be used for future ann	ual report notifica	ation)
For fu	rther information concerning this matter,	please call:	
Ivan	Somavilla	407 at (	446-7003 )
	Name of Person		Area Code & Daytime Telephone Number
Registration Section Red Division of Corporations Di Clifton Building P.		Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following	amount:	
	🗹 \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

## 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.

Na	JIG me of the limited liability company:	Consulting	g Servi	ces	
	8624 Great Cove Dr, Orlando, Fl 32		(b	8624 (	Great Cove Dr, Orlando, Fl 32819
()	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		_ (	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	January 28, 2015.		-	L150000	
	Date of filing/registration in Flori	ida	4.		Document number
(a)	Registered Agent and Registered Office shown on the AGENTS AND CORPORATIONS, Registered Office Address (MUST BE FLORIDE 300 FIFTH AVENUE SOUTH SUIT	INC. Da Street a	<u>DDRESS</u>		ate:
	NAPLES	, FL_	34012		17 DE
b) .	Enter name of NEW Registered Agent and/or NEV	W Registered (	Office ad	dress:	C-4 AMI
	JIG Consulting Services LLC				AM ID: 144 CA STATE ELFA CRID
	NEW Registered Office Address: 8624 Great Cove Dr				
	Orlando	, FL	32819		
chai it w /we	mited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florid re authorized by an affirmative vote of the cles of organization or the organization agrees	t address of t la limited lia members of	the regis bility co f the lim limited l	stered offi impany, it ited liabil	ice and the business office of the registe t is hereby confirmed that the change(s) lity company or as otherwise provided in company.
<u>z</u> nati	ure of a member or authorized representative of a me	ember		<del></del> ,	Printed or typed name of signee
risio obli rere	ov accept the appointment as registered agons of all statutes relative to the proper an igations of my position as registered agent by reflect a change in the reflistered office in wetting of this change	ent and agre d complete j as provided address, I h	e to act perform I for in C ereby co	in this ca ance of m Thapter 60 onfirm tha	spacity. I further agree to comply with y duties, and I am familiar with and ac 05, F.S. Or, if this document is being f at the limited liability company has bee

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