

3/20/2019

L15000040048 (FAX)

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: hector.irizarry@gmail.com

2919 AUG 20 PM 12:23

LLC REGISTERED AGENT CHANGE
CONSULTING BASED SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consulting Based Solutions 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:

Hector Irizarry
Name of Person

Consulting Based Solutions LLC
Firm/Company

14723 SW 112th Terrace
Address

Miami, FL 33196
City/State and Zip Code

hector.irizarry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark at (800) 667-4397
Name of Person 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)

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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: Consulting Based Solutions LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14723 SW 112 TERRACE MIAMI, FL 33196 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 14723 SW 112 TERRACE MIAMI, FL 33196

3. Date of filing/registration in Florida 03/04/2015 4. Document number L15000040048

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: URS AGENTS, LLC NEW Registered Office Address: 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312

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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.

Hector Lizarray Signature of a member or authorized representative of a member

Hector Lizarray Printed or typed name of signer

I 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 to 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.

Erica Lindo Signature of Registered Agent Erica Lindo, Assistant Secretary

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

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