## 415000061396

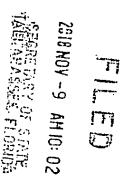
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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## **COVER LETTER**

	ivision of Corporations								
eup ir ca	DET Consulting, LLC								
SOBJECT	Name of Limited Liability Company								
Dear Sir o	r Madam:								
The enclos	sed Registered Agent/Registered Off	fice Change and for	ee(s) are submitted for filing.						
Please retu	urn all correspondence concerning th	nis matter to the fo	ollowing:						
David E.	. Tompkins								
	Name of Person		_						
DET Cor	nsulting, LLC								
	Firm/Company		_						
7421 Oa	ak Moss DR.								
-	Address		_						
Sarasota	a, FL 34241								
	City/State and Zip Code		_						
detompk	kins427@gmail.com								
Ē-ma	ail address: (to be used for future and	nual report notific	ation)						
For further	r information concerning this matter.	, please call:							
David E.	Tompkins	713 at (							
	Name of Person	ur (	Area Code & Daytime Telephone Number						
Re Di Cl 26	rregistration Section rvision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314						
En	iclosed is a check for the following	g amount:							
2	\$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.

rwra	a.	DET Con	Q poiting	Dec 0	CIATES	1 (	C	
I. Na	ame of the limited liability con	ipany:			CIHIES			
2. (a)	Principal office address of it		(b)	)	Mailing address of limit			·:
	7421 Oak Moss DR.	<u></u> ,		7421 Oa	ık Moss DR.			
	Sarasota, FL 34241			Sarasota	a, FL 34241			
	3/28/20	15			150000	0613	59,	6
3.	Date of filing/registr	ation in Florida			Document numbe	r		
5. (a)	DAVID	Tompkin	<u>v_C</u>	I)	<u>-</u>			
	Registered Agent and Registered O	_	_		e:			
	Registered Office Address (MU) 4655 Pine Green Trail	MOSS ST BE FLORIDA STR	EET ADDRESS		-	TANK THE PARTY OF	7018 NOV	Larre
	Sarasota		34241 , FL				6- AO	
(b)	Enter name of NEW Registered Ap	gent and/or NEW Regis	stered Office add	dress:	-	OK STATE	AH 10: U2	
	NEW Registered Office Address: 7421 Oak Moss DR.				_			
	Sarasota		- 34241					
the cha agent was/w	limited liability company is no ange or changes are made, the will be identical. Or, in the catere authorized by an affirmativicles of organization or the op-	Florida street addre se of a Florida limit we vote of the memb	ess of the registed liability co bers of the lim of the limited l	stered office ompany, it i ited liabilit	e and the business is hereby confirmed by company or as on pany.	office of the	the regi change	stered (s)
-	ature of a member or authorized repr		_		Printed or typed nan			
provis the oh 10 mer	thy accept the appointment as ions of all statutes relative to be ligations of my position as regrely reflect a change in the regret in writing of this change.	the proper and comp sistered agent as pro	piete perform ovided for in (	ance of my Thanter 60:	aunes, ana i am jo 5. F.S. Or. if this a	umuur wi locument	ın ana e is beins	accejn i filed
Signati	ure of Registered Agent		_					