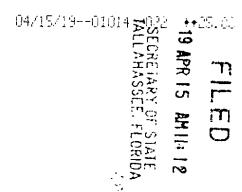
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

SUBJECT: RITCHIE CONSULTING GROUP 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: LANET CASHMAN Name of Person RITCHIE CONSULTING GROUP LLC Firm/Company 14906 Torn FAZIO CT Address TAMPA, FL 33626 City/State and Zip Code	Division of Corporations				
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Janet Cashman Name of Person					
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TAMPA, FL 33626 City/State and Zip Code iritchic@ritchiceg.com Email address: (to be used for future annual report notification) For further information concerning this matter, please call: JANET (ASHMAN) at (865) 850 0232 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 Enclosed is a check for the following amount:	Firm/Company				
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Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Registration Section Registration Section				
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:					
Tallahassee, Florida 32301 Enclosed is a check for the following amount:	9 <u>-</u>				

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ł.	Na	ame of the limited liability company: RITCHIE CONSULTING GROUP LLC	<u>. </u>
2.	(a)	Principal office address of limited liability company: Mailing address of limited liability company:	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
		14906 Tom FAZIO CT 14900 Tom FAZIO C	<u>*</u> r
		TAMPA, FL 33626 TAMPA, FL 336	26
		07/01/2015 15000114368	
3.		Date of filing/registration in Florida Document number	
5	(a)	JANET K RITCHIE	
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		14906 Tom FAZIO CT	
		TAMPA .FL 33626 3	
		SE 3	
	(b)	JANET K CASHMAN Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	$\frac{\eta}{}$
		S TO T	
		NEW Registered Office Address:	n
		Registered Office Address:	כ
		D _A	
		. FL	
the	e cha	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the regist will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s	tered
W(is/wo	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided	in
		icles of organization or the operating agreement of the limited fiability company.	
	Signal	Danet Ritchie UNET K RITCHIE Printed or typed name of signee	
,	haral	by account the annointment as registered great and currents act in this convents. I further currents compile with	the
pr the	ovisi 2 obl	is the cept the appointment as registered agent that agree to tact in this captacity. I jurifier tagree to comply with and act light sold statutes relative to the proper and complete performance of my duties, and I am familiar with and act lightness of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being feely reflect a change in the registered office address, I hereby confirm that the limited liability company has been also been sold this change.	cept filed
10	mere	ely reflect a change in the registered office address. I hereby confirm that the limited liability company has bee In writing of this change —	יתי

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

(ashman)

Signature of Registered Agent