## 1500128447

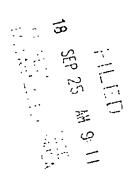
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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## COVER LETTER .....

INHS18 (2/14)

| TO: Registration S<br>Division of Co                             |                              |                   |  |
|--|------------------------------|-------------------|--|
| SUBJECT: Matt Cl   | hambers Consulting, Ll       | _C                |  |
| SUBJECT:   | Name                         | of Limited Lial   | pility Company   |
| Dear Sir or Madam:   |                              |                   |  |
| The enclosed Register  | ed Agent/Registered Office   | : Change and fo   | ee(s) are submitted for filing.  |
| Please return all corre  | spondence concerning this    | matter to the fo  | dlowing:   |
| Joni L. Norton, CF   | PA                           |                   |  |
|  | Name of Person               | <del>-</del> -    | -  |
| Markham Norton   | Mosteller Wright & Con       | npany, P.A.       |  |
|  | Firm/Company                 |                   |  |
| 8961 Conference  | Drive                        | _                 | _  |
|  | Address                      |                   |  |
| Fort Myers, FL 33  | 919                          |                   |  |
| (  | City/State and Zip Code      |                   | _  |
| jnorton@markhar  | n-norton.com                 |                   |  |
| E-mail address:  | (to be used for future annua | al report notific | eation)  |
| For further information  | on concerning this matter, p | lease call:       |  |
| Joni Norton  |                              | 239<br>at (       | 433-5554   |
| Name   | e of Person                  |                   | Area Code & Daytime Telephone Number   |
| Registration S<br>Division of C<br>Clifton Build<br>2661 Executi | Corporations                 | Reg<br>Div<br>P.O | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 |
| Enclosed is a check for the following amount:                    |                              |                   |  |
| ☑ \$25 Filing  | , Fee                        | ☐ \$5:            | 5 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

| 1. N                             | ame of the limited liability company: Matt Chambe  | pers Consulting, LLC   |  |
|----------------------------------|--|--|--|
| 2. (a)                           | Principal address  | (b) Mailing address  |  |
| 2. (a)                           | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)  | Mailing address of limited liability com (Note: MAY BE POST OFFICE BO  |  |
|                                  | 1513 Newton Ranch Road   | 1513 Newton Ranch Road   |  |
|                                  | Keller, TX 76248   | Keller, TX 76248   | <del></del> -                                    |
|                                  | 7/28/2015  | L15000128447   |  |
| 3.                               | Date of filing/registration in Florida   | 4. Document number   |  |
| 5. (a)                           | United States Corporation Agents, Inc.   |  |  |
| J. (u)                           | Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court   |  |  |
|                                  | Registered Office Address (MUST BE FLORIDA STREET)  A  | T ADDRESS)   |  |
|                                  | Tampa , FI   | FL 33612 ====================================  |  |
| (b)                              | Joni I. Norton CPA   | SEP 25 SE | -  |
| ` ,                              | Enter name of NEW Registered Agent and/or NEW Registere  | ed Office address:   | T.   |
|                                  | 8961 Conference Drive  | 9  | ر  |
|                                  | NEW Registered Office Address:   |  |  |
|                                  | Fort Myers   | FL 33919   |  |
| the ch<br>agent<br>was/w         | limited liability company is not organized under the la<br>ange or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited l   | laws of the State of Florida, it is hereby confirmed that of the registered office and the business office of the liability company, it is hereby confirmed that the chars of the limited liability company or as otherwise provide limited liability company.   | registered<br>nge(s)                             |
| <u> </u>                         | Minte Ellington  | Matthew E. Chambers  Printed or typed name of signee   |  |
| I here provis the obtone notifie | ature of a member or authorized representative of a member  by accept the appointment as registered agent and accept so all statutes relative to the proper and complete  ligations of my position as registered agent as provide  rely reflect a change in the registered office address, led in writing of this change.  urc of Registered Agent | agree to act in this capacity. I further agree to comply<br>the performance of my duties, and I am familiar with a<br>ded for in Chapter 605, F.S. Or, if this document is b<br>I hereby confirm that the limited liability company ho   | v with the<br>ind accep<br>eing filed<br>is been |

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