L15000133468

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





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2015 NOV 19 PH 2: 30
SECRETARY OF SHAFE
PALLAHASSEE FOR SHAFE

NOV 20 2015 J. HARRIS

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
EXECUTIVE SERVICES CONSULTING LLC SUBJECT:	ECT: EXECUTIVE SERVICES CONSULTING LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	<u>.</u>				
Please return all correspondence concerning this matter to the following:					
DONALD E COOVERT, RESIDENT AGENT					
Name of Person					
None					
Firm/Company					
954 DON JUAN COURT					
Address					
PUNTA GORDA, FL 33950					
City/State and Zip Code					
DECOOVERT@AOL.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DONALD E COOVERT 317 691-6990					
Name of Person Area Code & Daytime Tele	phone 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	y				

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. Na	ime of the limited liability company: EXECUTIVE S	SERV	CES CO	NSULTING LLC
2. (a)	SEE BELOW	(b) SEE BELOW		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	-, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12415 SW SHERI AVE		12415	SW SHARI AVE
	LAKE SUZY, FL 34269	-	LAKE	SUZY, FL 34269
	8/5/15		L150001	133668
3. 5. (a)	Date of filing/registration in Florida DONALD E COOVERT	4.		Document number
2. (u)	Registered Agent and Registered Office shown on the records of the 12653 SW COUNTY ROAD 769	ne Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	
	LAKE SUZY , FL	34269) 	ALCAH.
(b)	DONALD E COOVERT			
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddress:	PH II
	954 DON JUAN COURT			0
	NEW Registered Office Address:			— ¥m ⊕
	PUNTA GORDA , FL	33950)	_
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility of the lin limited	istered officompany, it nited liabil liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in empany.
Signa	ture of a member or authorized representative of a member	<u></u>	RYSTAL	S COOVERT Printed or typed name of signee
I here provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to ac perform I for in ereby c	ct in this ca nance of m Chapter of confirm tha	

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

Signature of Registered Agent