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K. SALY NOV 27 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TECHNICAL CONSULTING SERVICES Name of Limited Liability Company		
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:		
ROBERT FEATON		
ROBERT ZEATON Name of Person		
TECHNICAL CONSULTING SERVICES Firm/Company		
Firm/Company		
1		
205 SOLDIERS CREEK PLACE Address		
Address		
1 2 5 1 2 2 2 5		
LONGWOOD, FLORIDA 32750 City/State and Zip Code		
_		
Lundar 15 @ yahoo, Com E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for fature annual report notification)		
For further information concerning this matter, please call:		
Robert Zeafon at 407, 710-3879		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 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.

1. Na	me of the limited liability company: TECHNICAL CONSULTING SERVICES
2. (a)	205 SOLD/ERS CREEK PLACE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 205 SOLD/ERS CREEK PLACE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LONGWOOD, FLORIDA LONGWOOD, FLORIDA
	32750 32750
	DECEMBER 1, 2015 L 15000 2010 57 Date of filing/registration in Florida 4. Document number
3.	
5. (a)	UNITED STATES CORPORATION AGENTS, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	13302 WINDING OAKS COURT
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	SOITE A
	TAMPA, FLORIDA.FL 33612
	ROBERT ZEATON ?
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	ROBERT ZEATON Enter name of NEW Registered Agent and/or NEW Registered Office address: 205 SOLD/ERS CREEK PLACE
	NEW Registered Office Address:
	LONGWOOD, FLORIDA 32750
	FL
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ure of a member or authorized representative of a member ROBERT ZEATON Printed or typed name of signee
provisi the obli to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change. With the company has been writing of this change.
Signatu	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00
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INHS18 (2/14)