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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AGATSTON CONSULTING	COMPANY LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted fo	or filing.			
Please return all correspondence concerning th	nis matter to the following:				
TIMOTHY DEVLIN					
Name of Person					
DASZKAL BOLTON LLP					
Firm/Company					
2401 NW BOCA RATON BLVD					
Address					
BOCA RATON, FL 33431					
City/State and Zip Code	<del></del>				
TDEVLIN@DBLLP.COM					
E-mail address: (to be used for future and	nual report notification)	`\.			
For further information concerning this matter	, please call:	· \			
TIMOTHY DEVLIN	561 953-1520	``.			
Name of Person		ne Telephone 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 3231	4			
Enclosed is a check for the following	amount:				
☑ \$25 Filing Fee	S55 Filing Fee & Certific	rd 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.

l. Na	ame of the limited liability company:  AGATSTON	CONSU	JLTING C	OMPANY LLC
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(°		Aniling address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1633 NORTH VIEW DRIVE		2401 NW	BOCA RATON BLVD
	MIAMI BEACH, FL 33140	-	BOCA R	ATON, FL 33431
	12.14.15		L1560020	6108
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	TIMOTHY R DEVLIN CPA PA			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	
	11380 PROSPERITY FARMS ROAD #2216	Ξ		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>	_
				2015:
	PALM BEACH GARDENS	33410		
	, FL			· ,
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	lress:	ි. ව
				સુ
	NEW Registered Office Address:			
	2401 NW BOCA RATON BLVD			
	BOCA RATON	33431		
If the U	mited liability company is not organized under the lay	ue of the	State of Elo	rida it is haraba anatīma al thar a Com
the cha agent w was/we	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his greathorized by an affirmative vote of the members called of organization or the operating agreement of the	the regis ability co of the limi	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	nre of a member or authorized representative of a member		4-	Thus Agatoha MU Printed or typed name of signer
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
I hereh provision the oblit to mere	ov accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I i	ee to act performo d for in C hereby co	in this capa ince of my a hapter 605, infirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent