

LI000020551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

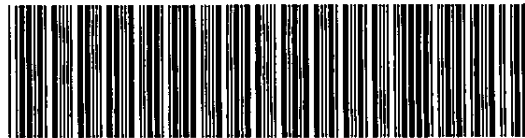
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TALLAHASSEE, FLORIDA  
16 MAR 14 PM 2:01

APR 15 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 APR 15 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2016

PALMA CHAVEZ  
1115 NORTH GOLF DRIVE  
HOLLYWOOD, FL 33021

SUBJECT: PSW CONSULTING, LLC  
Ref. Number: L16000020559

We have received your document for PSW CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 116A00005409

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TALLAHASSEE, FLORIDA  
16 MAR 14 PM 2:01

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PSW Consulting  
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:

Palma Chavez  
Name of Person

PSW Consulting  
Firm/Company

1115 N Golf Dr  
Address

Hollywood, FL 33021  
City/State and Zip Code

chavezpalma@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Palma Chavez at (954) 446-4825  
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

**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

☐ \$55 Filing Fee & Certified Copy

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 MAR 14 PM 2:01

**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. Name of the limited liability company: PSW Consulting
2. (a) 1115 N Golf Dr. Hollywood, FL 33021  
Principal office address of limited liability company  
(Note: **MUST BE STREET ADDRESS**)
- (b) 1115 N Golf Dr. Hollywood, FL 33021  
Mailing address of limited liability company  
(Note: **MAY BE POST OFFICE BOX**)

3. 01/29/2016  
Date of filing/registration in Florida
4. L16000020559  
Document number

5. (a) United States Corporation Agents, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 Winding Oak Court A  
Tampa, FL 33612

- (b) Palma Chavez  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1115 N Golf Dr  
Hollywood, FL 33021  
NEW Registered Office Address:

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TALLAHASSEE, FLORIDA  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Palma Chavez  
Printed or typed name of Signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent